

LADIES'
GUIDE

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Ladies' Guide

— IN —

HEALTH and DISEASE


Girlhood,
Maidenhood,
Wifehood,
Motherhood.

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*Yours truly,
J. A. Kellogg*

PREFACE.

THE very remarkable increase in the number and frequency of that very large class of maladies familiarly known as "diseases of women" observable in modern times, especially among the women of the more civilized nations, and those of this country in particular, has attracted the attention of many intelligent physicians. The ailments from which woman suffer constitute a large part of the practice of the majority of physicians, and probably contribute more to the support of the medical profession than any other class of maladies. So numerous and complicated has this class of diseases become in recent times, that a new race of specialists has sprung up, who confine themselves exclusively to this branch of practice.

The evidences of a marked deterioration in the physique of American as well as other civilized nations within the last century are too patent and too numerous to be ignored. Civilized women are constantly regarded as "the weaker vessel" as compared with their husbands and brothers.

The fact to which we have above referred has received many different interpretations. One author attributes the increasing physical infirmity of woman to her increasing intellectuality; another, to faulty methods of education, particularly the co-education of the sexes. Still another, and an eminent authority, attributes the failure in health from special ailments of so large a proportion of the female part of the population

to the malign influence of some subtle agency native to the country and wholly beyond the reach of human control. One of the prime objects of this work is to show that the suffering of civilized women from special diseases above those of other races, is not due to injurious climatic influences, nor to excessive mental culture and development; but to a lack of physical culture, defective home training, improper dress, sedentary habits of life, errors in diet, too much excitement, especially during the developing period, and numerous other causes which may be removed by proper attention on the part of parents, if the effort is begun at a sufficiently early age.

Believing that the growing delicacy and increasing susceptibility to disease and lack of endurance so manifest, especially among English and American women, is chiefly due to neglects of various kinds arising from ignorance of the laws which relate to the proper development and maintenance in health of the special set of organs characteristic of the sex, we have deemed it best to present as an introduction to the more practical portion of the work a concise description of these organs and their functions. We are well aware that in the minds of a few the anatomical portion of the work will be considered objectionable; but this has not deterred us from presenting this part of the subject in such a manner as we hope will accomplish the desired end; viz., the education of those into whose hands the work may fall respecting the important functions considered, to such a degree as to enable them to avoid, if they desire to do so, the pitfalls into which so large a share of their sisters fall, thereby preserving and increasing their store of that choicest of all possessions, **GOOD HEALTH**, and fitting themselves to transmit the same as a priceless legacy to their children.

The old adage, "A little knowledge is a dangerous thing," has done a vast deal of mischief both in deterring those fitted to impart useful information on these topics from giving it, and discouraging those who needed such instruction from seeking it. We have never yet known a case in which a woman was injured by scientific information respecting her own body and its functions. We believe that enlightenment on this and kindred topics, and on all that relates to the physical, mental, and moral well-being of woman, is the surest means of correcting some of the greatest evils which curse the race at the present time, and which are sapping the very foundations of society.

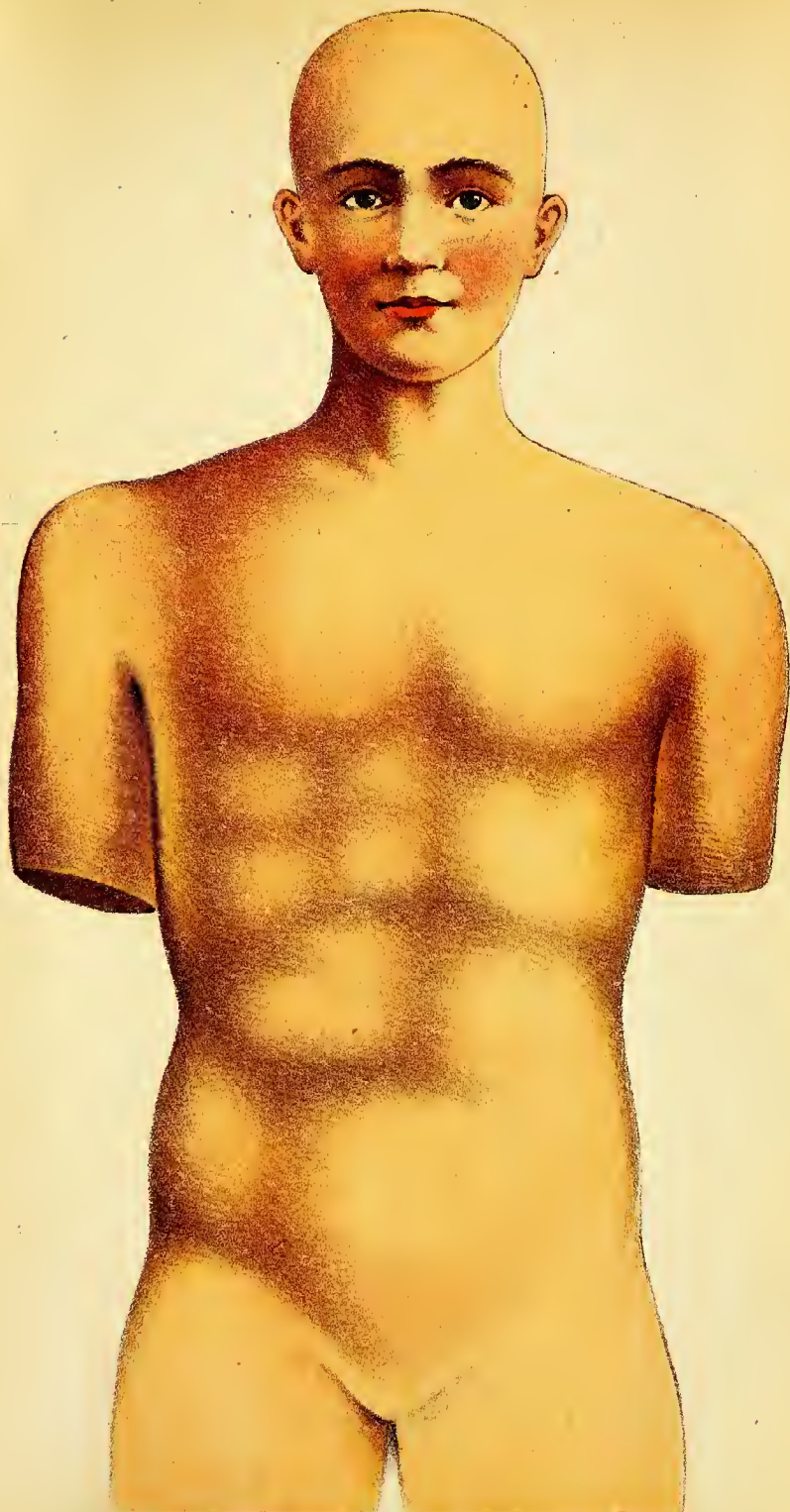
In order to point out in the clearest manner possible the way of escape for women from the thralldom of aches and pains and "weaknesses" in which the sex is as a class enslaved, we have endeavored to trace the outlines of what we conceive to be the method of training by which a higher type of womanhood may be developed, beginning with "The Little Girl," and considering in succeeding sections under the respective headings, "The Young Lady," "The Wife," and "The Mother," the several phases of woman's life.

The remainder of the work is devoted to the practical consideration of the various maladies to which women are subject. In this section it has not been the attempt of the author to furnish a substitute for the physician. We have, however, endeavored to make the instruction given so simple and untechnical, and so practical in character, as to enable any woman of ordinary intelligence to discover the beginnings of special ailments, and to manage successfully many of the diseases peculiar to the sex, when the services of a competent physician are not available.

There is probably no class of ailments which afford a more fertile field for the charlatan and the nostrum vendor, and it has been made one of the special aims of this work to render women sufficiently intelligent respecting the character of their ailments and the causes thereof to enable them to recognize promptly the true character of the medical pretender, and to escape the specious wiles of the nostrum vendor.

The reader's indulgence is craved for what he may discover as lacking in literary form or embellishment in the work. It has been written amid the distractions and anxieties incident to the care of a large hospital for chronic invalids and surgical cases, and almost every line is the product of midnight toil.

J. H. K.

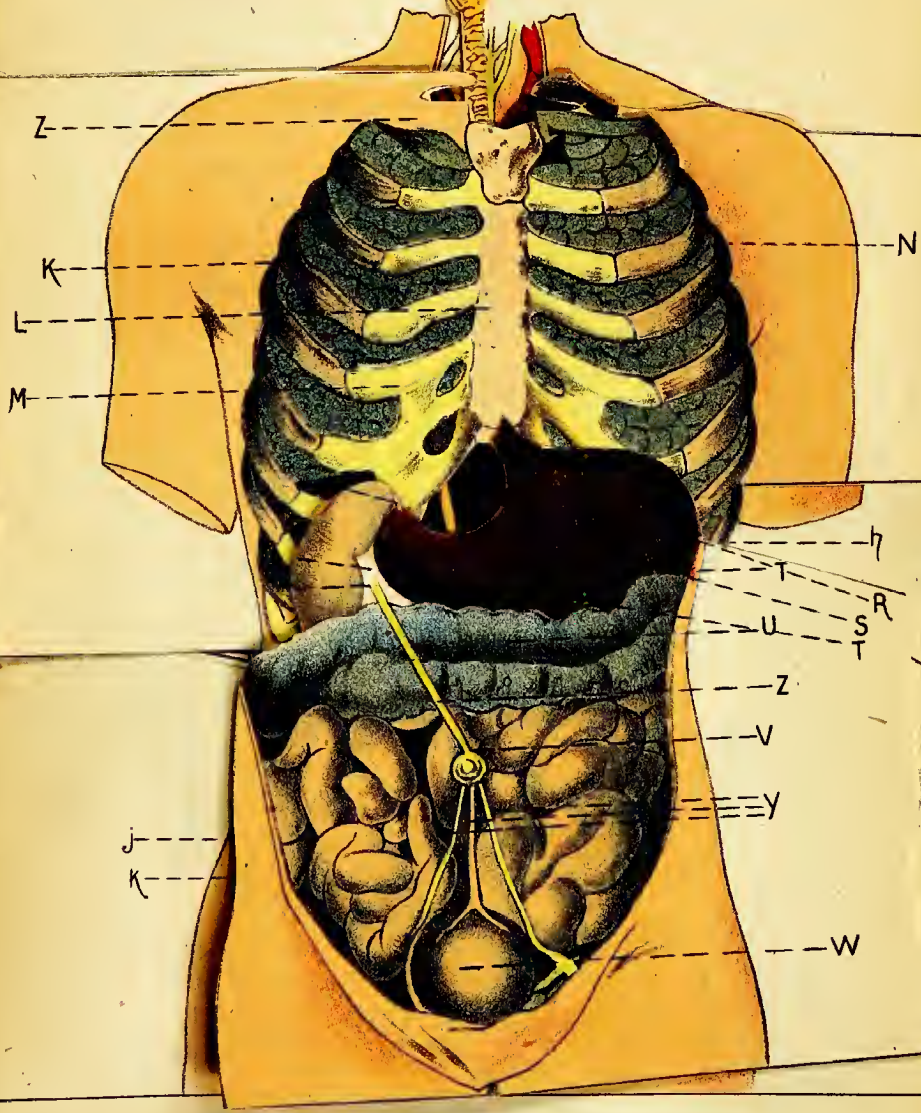
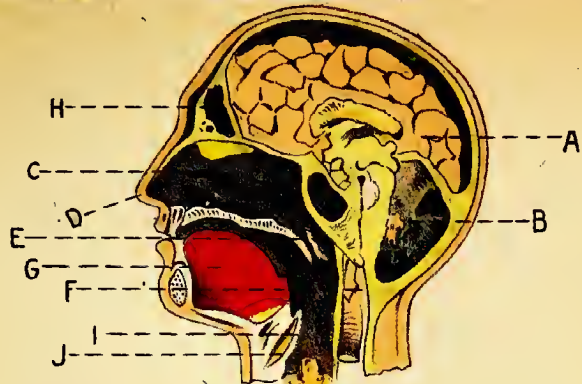


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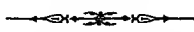



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ANATOMY AND PHYSIOLOGY

OF

REPRODUCTION.



WHEN pursuing the study of "the human form divine," the anatomist or physiologist is often led to pause in the midst of his dissections or observations, and to exclaim with the Psalmist, "Great and wondrous are Thy works." Even the atheist, who recognizes no Omnipotent Hand as the Creator of all the marvels which greet the investigating scientist at every turn, is loth to believe himself to be a creature of chance, and is prone to erect an altar dedicated to the worship of Nature, even if he fails to recognize the God of Nature. That wonderful machine which we call the body is the masterpiece of the Infinite Artist. In every detail of fibre and structure and function, the most marvelous wisdom and foresight are displayed, and such an adaptation of means to ends as none but an infinite mind could devise. In no part of this wonderfully delicate and complicated mechanism is this

often, probably every few weeks or months, while the more solid tissues probably change as often as every few years, if not more frequently. The blood, a fluid tissue, changes completely every few weeks.

THE MOTOR SYSTEM.

All of the voluntary and involuntary movements of the body are the result of the contraction of the minute fibres of the muscles, which constitute the fleshy portion of the body. The bones also participate in many of the bodily movements, particularly those of a voluntary character, by affording points for the attachment of the muscles.

THE NERVOUS SYSTEM.

In the brain and spinal cord, and to some extent in other parts of the body, there are to be found curious little cells, which vary greatly in size and shape, and are exceedingly minute, but which possess similar and very remarkable properties. When examined closely, it is found that these little creatures are provided with delicate prolongations of their substance, which may be compared to fingers, and which may be traced from the cells themselves to the most remote parts of the body in many instances, while in others they seem to be joined to other cells in the immediate vicinity. Some cells are furnished with a very large number of these fingers, while others have but one or two, or even none at all. Certain cells

Fig. 1.

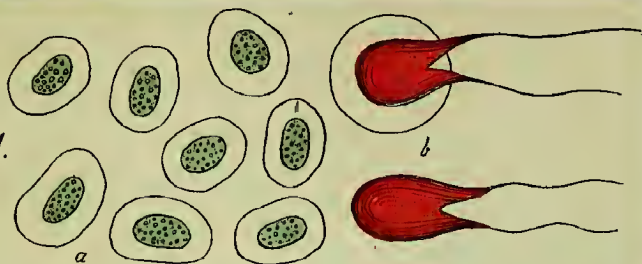


Fig. 2.

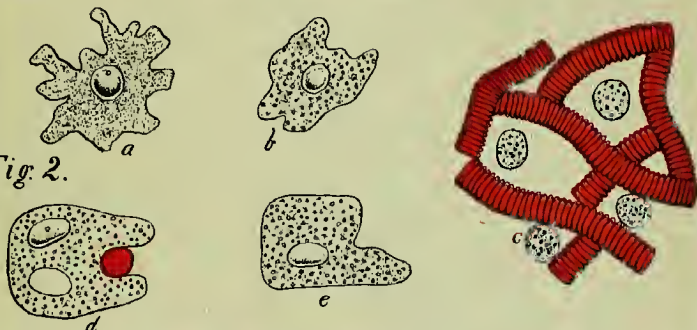
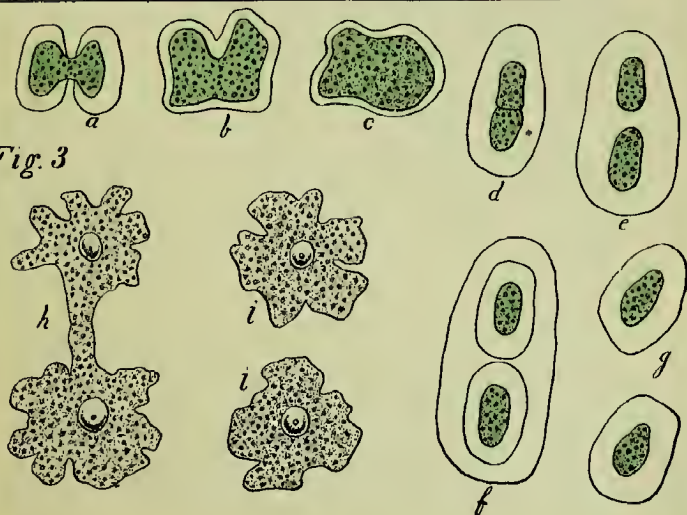


Fig. 3



send fingers to the eye, others to the ear, still others to the nose, others to the tongue, and others to the skin.

Thus it is that the various sensible properties of objects are perceived by the brain. Its cells are extended into the remotest parts of the body by means of their immensely long fingers, and thus are conscious of whatever is taking place at the surface or outside of the body. Similar fingers are sent out by other cells to the muscles, and muscular action is produced by impulses received from the cells in the brain or spinal cord. Other cells send out fingers to the stomach, and through their influence the work of digestion is performed. Still other cells have charge of the work of the liver in a similar manner. Thus all the work of the body is done through the influence of the little creatures which reside in the brain and spinal cord. By means of fingers sent out by other cells, all the various parts of the body are associated together in the closest sympathy. Every member sympathizes with every other member. When one suffers, all suffer.



Procreation a Budding Process.—The affinity between man and the lower orders extends still further down the scale of animate existence. The student of biology is familiar with the fact that in certain low orders of animals, as, for instance, the *hydroids*, the multiplication of the species takes place by a kind of budding. The hydroid is a sort of animated shrub of jelly-like consistence. It is usually found growing attached to rocks and various solid or stationary bodies, in little communities. From the parent stems little buds grow out, some of which after a time break off and swim away as independent little jelly-fishes. These, in turn, become attached to a submerged rock or an aquatic plant, and after becoming fully developed, give rise to other buds, thus perpetuating the species. This is a process of external budding, but in other species of lower animals the same process takes place on the interior of the parent animal. This is the case, for example, with the *distoma*, or “*fluke*,” a parasitic creature one species of which makes its home in the human liver. In one stage of its existence, this little animal consists of a long yellow sac, looking like a yellow worm. From the interior of this sac little buds arise, which become developed into new beings, and these, in time, come to resemble their parent, and perpetuate the same curious process.

This same budding process actually takes place in human beings, the little cell or egg ejected from the ovary being in fact nothing more nor less than an interior bud produced in that organ and separated by a

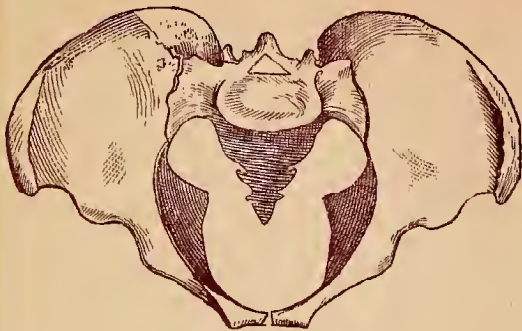


Fig. 1.



Fig. 4.

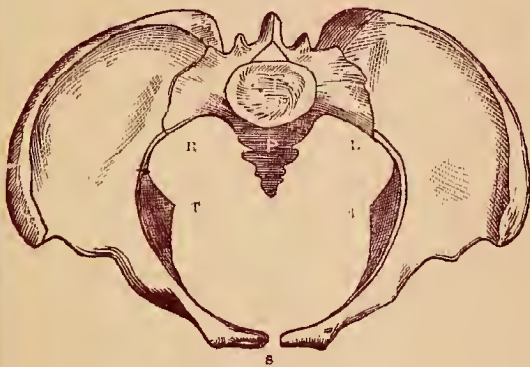


Fig. 2.

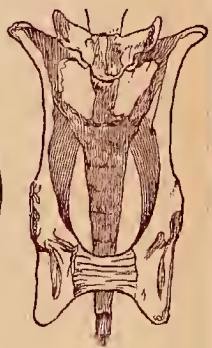


Fig. 5.

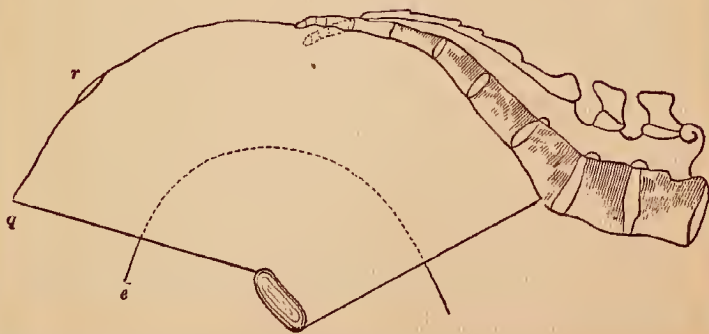
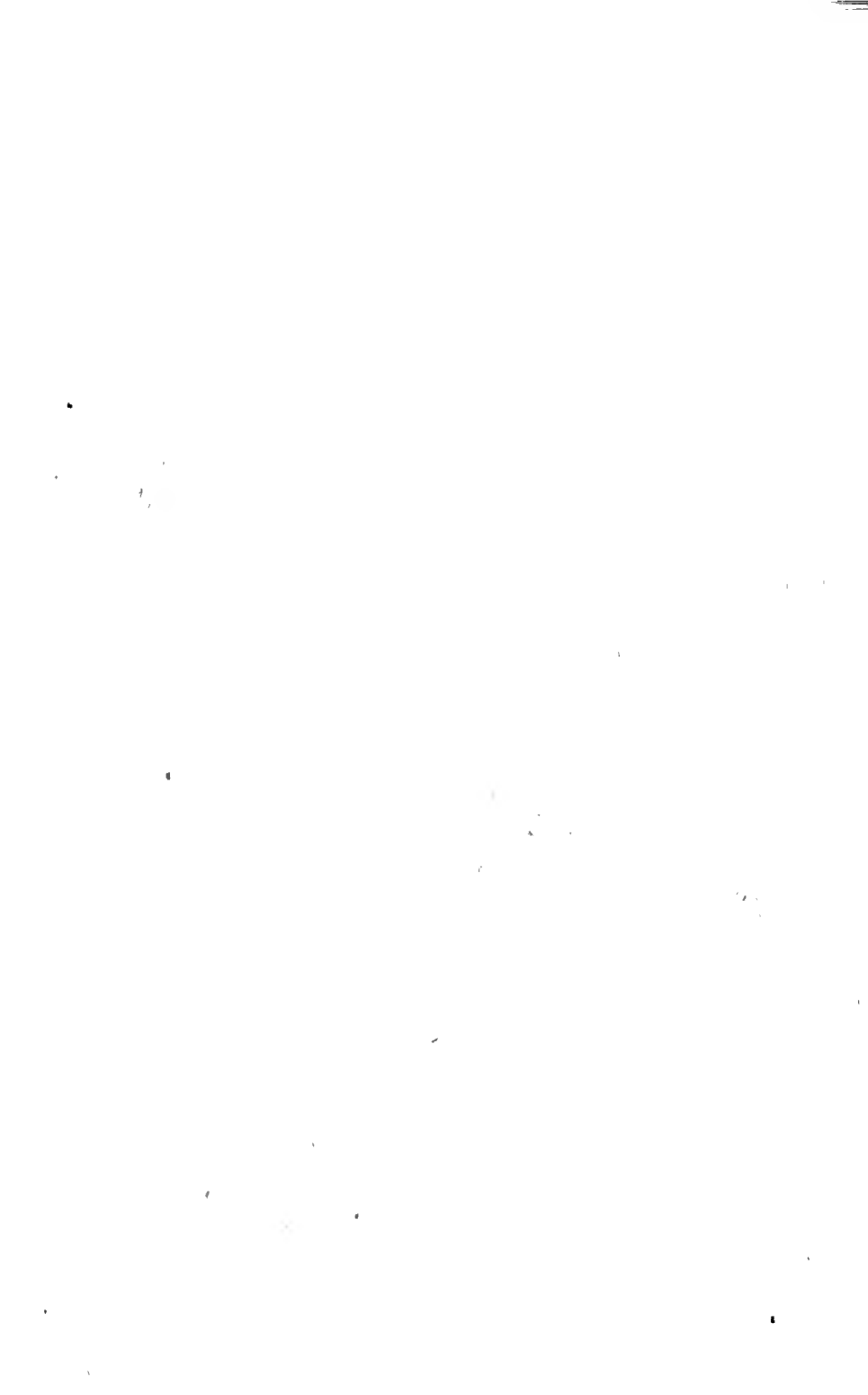


Fig. 3.



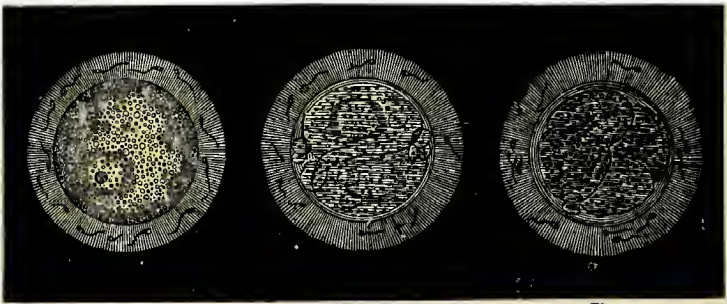


Fig. 1.

Fig. 2.

Fig. 3.

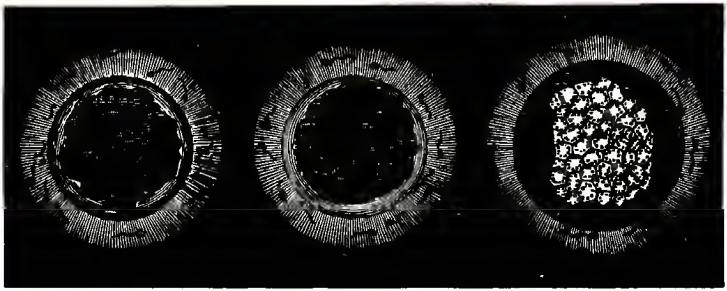


Fig. 4.

Fig. 5.

Fig. 6.

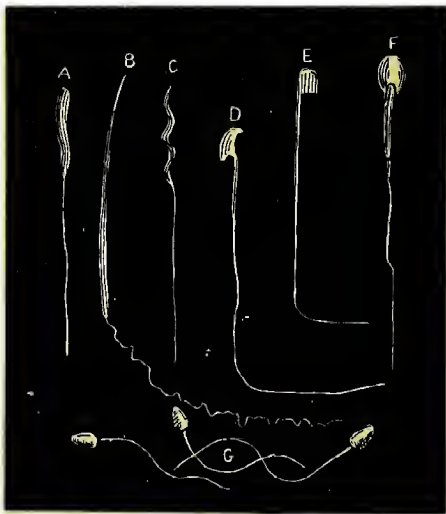


Fig. 7.



Fig. 8.

PLATE IV.

occurred, has no basis whatever in fact. No especial change takes place in the embryo at the period known as quickening. Whatever individuality the human being possesses exists in rudimentary form in the ovum, immediately after fecundation has taken place. From this time no radical change occurs. We have simply a process of unfolding and development, which continues until the man or woman has reached full maturity. The immediate bearing of this fact in relation to the means adopted to avoid pregnancy and the crime of abortion will be considered elsewhere.

PREGNANCY, OR GESTATION.

After fecundation, and during the subsequent process of its development, the ovum is treated in various ways by different classes of animals. Many animals, as is the case with many reptiles, deposit the fecundated eggs in the sand or in some secluded location, and give them no further attention. Fishes usually deposit their eggs, and then allow their young to shift for themselves when hatched. There are, however, some very notable and interesting exceptions to this method of treating the young among fishes and reptiles. For example, Prof. Wyman gives an account of a South American fish which carries its eggs in its mouth until long after the young are hatched. In one instance, he found a young fish nearly three inches long in the mouth of its parent. This office seems to be usually performed by the male, who plays the part of nurse for the

ovaries and testicles are found in the same individual, but numerous cases have been observed in which certain parts of the sexual organs of the female were so abnormally developed as to produce a striking resemblance to the organs of the male, and the reverse.

Nourishment of the Embryo.—Soon after the segmentation of the ovum and the formation of layers of cells or membranes at its surface, that portion of it lying next to the uterine wall undergoes a peculiar development. Little vascular loops are formed which interlace with similar loops formed on the surface of the lining of the uterus. These loops become so closely united with each other that the blood-vessels of the ovum, which begin to form at a very early stage, and those of the uterus have only a very thin partition between their walls. Through this delicate membrane the nutritive fluids of the mother's blood pass readily into the ovum. After the circulation of the ovum is fully developed, the blood corpuscles of the mother and those of the embryo are by this arrangement allowed to come very close to each other without coming in actual contact. The blood corpuscles of the mother never pass into the veins of the child, nor vice versa. If any such change did occur, it could be readily detected, as the blood corpuscles of the embryo are of a different size from those of the mother. The interchange of fluids between the embryo and the mother takes place very readily, however, by means of the arrangement briefly described above, which is known as the *placenta*.

As the embryo advances in development, it be-

ten lunar months. The exact length of the period in an individual case cannot always be determined on account of the difficulty of fixing the exact date of conception; but in those instances in which the circumstances have been such as to render the fixing of the date of conception accurately, it has been found to vary little from 275 to 280 days.

The period of gestation is frequently somewhat shorter than this, many children being born from four to six weeks before the usual time. If the period of gestation is shorter than seven months, the foetus will not be sufficiently developed to live. Infants born before the full term of gestation require especial care and the most careful nursing, and those born before the completion of the seventh month very seldom survive birth more than a few days. The period of gestation is sometimes extended two or three weeks beyond the end of the tenth month. Cases have been reported in which the period has been much longer than this, but they are not considered authentic.

Quickening.—The term quickening is applied to the time when the mother for the first time becomes conscious of the movements of the foetus within the womb. This was formerly believed to be caused by the sudden descent of the foetus from the uterus into the pelvic cavity, but it is now well known to be produced by the movements of the limbs of the child when they come in contact with the walls of the uterus.

This is generally felt about the beginning of the

THE LITTLE GIRL.



AS infants, little girls and little boys begin life very much alike. Aside from the physical differences between the two, the distinguishing characteristics are not marked at first, but the period of earliest infancy is scarcely passed before marked points of difference begin to make their appearance. These are in part due to inherited peculiarities of disposition; but we are led to believe from considerable observation that many of these differences are more largely the result of education than of inheritance. The toys presented to the girl-baby for her amusement differ radically from those furnished the little boy. She learns to love dolls and tiny cradles, miniature china sets, and similar toys, simply because they are first presented to her in such a way as to attract her attention. Not only in the selection of toys, but in almost every other particular the little girl is treated differently from the little boy. The latter is expected to become a strong, vigorous man, able to hold his own in the battle of life, and is treated with a sort of respect which is inspired by the anticipation of what he is to become. The little girl, on the other hand,

done, will accomplish more toward the molding of character and the developing of valuable mental qualities in the first four or five years of life, than can be accomplished by the most skillful training during any subsequent period. The kindergarten is a most admirable institution which may be made the means of imparting most valuable instruction. A large amount of useful knowledge may be impressed upon the mind in such a manner that it cannot be forgotten, by the methods employed in the kindergarten. Moral as well as mental culture may be imparted in this way. We have been greatly pleased with the recent effort to employ the kindergarten as a means of impressing on the young mind the truths of temperance. We believe that here is a wide field of usefulness for this new educational system, and have no doubt that under the wise and inspiring influence of such talented and enthusiastic workers in the temperance cause as Miss Willard, Mrs. Foster, Mrs. Hunt, and others whom we might name, this agency will be made a means of incalculable good to the rising generation, especially in our large cities.

School Education. — When the little girl reaches an age at which it is thought proper to send her to school, other depraving influences are brought to bear upon her. While there has been great improvement in methods of education within the last quarter of a century, it is still an unfortunate fact that the school-life of the young, boys as well as girls, is to a large degree perverting in its character. Little ones are made to learn by rote. Instruction is imparted

garments. In the spring and autumn, particularly when the weather is very changeable, it may be necessary to change the clothing two or three times a day in order to meet the exigencies of the weather.

Children should never be allowed to suffer for the want of a change of this kind simply because the needed garment has been soiled or must be saved for Sunday wear, or for any other trivial reason. If a child cannot be properly clothed, it should be sent to bed and kept there until the proper garments can be provided for it. The excuse which mothers often make for carelessness in this particular, "that they have been too busy" to make the necessary garments for the little one who has outgrown its old clothing, is no justification for such neglect; and it will generally be found that the required time has been worse than wasted in the preparation of unwholesome dishes which will have no other influence than to deprave the tastes and undermine the health of the husband and child, or in the entertainment of fashionable friends who are themselves squandering valuable time which belongs properly to their children, in the discussion of the latest fashions or the most recent scandal.

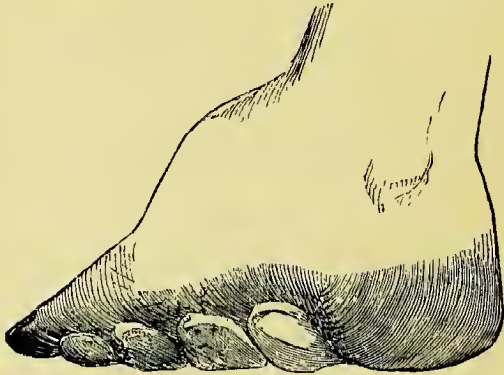
The clothing of the child at night is also a matter of importance. As a rule, flannel night-gowns should be worn, as by this means the little one avoids the chill often given by coming in contact with cotton or linen sheets, and is better protected from the chilly night air if, as is often the case, it becomes uncovered in the night by the displacement of the bed covers through its restlessness.



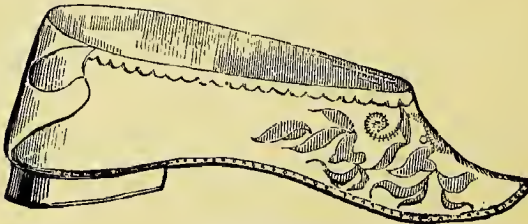
Grecian Dress.



Hawaiian Dress.



Chinese Foot.



Chinese Slipper.

PLATE J.

reforming young women who have once fully entered upon a life of shame.

Bad Books.— By bad books we do not mean those included under the head of obscene literature. The active efforts of Mr. Anthony Comstock for several years past have resulted in the suppression of the greater part if not the whole of this class of literature, but we refer to a class of books not generally recognized as so very bad in character. Mr. Comstock has only succeeded in suppressing the publication of those works which are ostensibly vile in character and vicious in purpose. In this he has done a most excellent work, and his labors have undoubtedly resulted in saving thousands of young men and women from ruin; but there is a large and growing class of literature which his efforts do not and cannot reach. We refer to books written by men and women whose sole object is gain, and who do not hesitate to introduce in one way or another ideas which tend in exactly the same direction as the class of books which are pronounced illegal, and are suppressed wherever found by authorized agents of the government. Often these prurient, sensual ideas are presented in the most refined and elegant language, and interwoven with other thoughts which may be in themselves elevating, in such a manner that the intent of the writer may be wholly disguised to many persons, and the real character of the book not discoverable without the most careful scrutiny, by a person whose taste is unvitiated by familiarity with vice, and whose intuitions are in harmony with what is pure and ennobling in character.

there is no substitute; and with the majority of those who have become fully ensnared, success cannot be attained except through earnest prayer for divine aid. By the aid of an earnest purpose to reform, and a determination to become again pure and free from the foul taint of vice, and by a humble, prayerful life of trust in divine strength, the most hapless sinner may find pardon, peace, and purity.

A Few Words to Girls.—Who does not admire the sweet purity of the lily, the delicate loveliness of the rose, the natural beauty and grandeur of a landscape, or the golden tinting of an autumn sunset? No work of art, however marvelous its ingenuity, or wonderful its symmetry, can rival for a moment the magnificence and the wonderful delicacy of the natural beauty which the Creator has spread about us. We all admire them. Even the little infant in its mother's arms, is not insensible to the charms of natural beauty.

The transparent loveliness of the dew drop or the icicle glittering in the sunshine fixes the attention of the appreciative on-looker as closely as the sheen and glitter of the costliest gem.

The love of beauty, of purity, is innate in the human mind. Who does not suffer a pang of grief at the ruthless destruction of one of nature's beauties—the crushing of a flower or a crystal, or of any lovely object?

Most beautiful and noble of all the Creator's works, is the human form. Towering in grandeur high above the most impressive of all Nature's pictures, is the human character, a miniature copy of the

divine. Even in its least attractive forms, the human face possesses a beauty unrivaled by any other natural object; and when not debased by sin and deformed by vice, the human character possesses attractions unapproachable by any other of all God's handiwork.

The Creator has given to each not only natural graces and beauties of form and character, but the power to become more beautiful and attractive through the improvement of natural good qualities, and the acquirement of others. Human life is a school, the object of which is to fit human beings for a higher and grander life. How this life is spent, determines the condition in the next. Is it not a glorious, soul-inspiring thought that this life may be made the beginning of an endless eternity of progress, a never-ending school-day, each moment adding new wisdom and knowledge and beauties and graces? The all-wise Father puts men and women, boys and girls, on trial in this life, to see whether their tendency is greatest in an upward or a downward direction. Those who love true beauty and purity, and who aspire to the highest degree of perfection attainable, will gladly seek such aids to a perfect life as are offered by genuine religion; while those who choose sin rather than holiness, vice rather than purity, ugliness rather than beauty, will despise the good counsels of their parents, the warnings of the Book of books, the admonitions of friends, and will rush headlong down the path of sin to reap at last the terrible reward of evil doers.

The love of purity, the abhorrence of sin, the de-

THE YOUNG LADY.



YOUNG girl just budding into womanhood, with a warm, loving heart, an innocent and unsophisticated mind, rosy health upon her cheeks, bounding vitality in her veins, and a gay laugh in her voice, is the most beautiful object the Creator ever made. The critical period at which the change from girlhood to womanhood occurs is known as *Puberty*.—The physiological import of this change has already been described, and need not be further dilated upon here. The time at which puberty occurs differs considerably in different individuals as well as in the two sexes and in the different races of human beings, always occurring a little earlier in females than in males. In this country, the average age at which the change occurs in girls is fourteen years. In tropical climates, the change occurs very much earlier. It is stated that one of the wives of Mahomet was a mother at ten years, and a case is on record in which puberty occurred in a little girl at the age of two years and pregnancy at eight. In cold climates, as in Denmark, Sweden, and the adjacent countries, the age of puberty is usually delayed to eighteen or nine-

Education of Young Ladies. — The education of young ladies is a question which has been widely discussed during the last few years. A variety of positions have been taken by prominent educators with respect to this question, and the discussion has not as yet resulted in a complete and thorough settlement of all the problems involved. We have not space in this little work to consider the subject in all its phases, but we cannot avoid at least a brief consideration of the subject from the stand-point of its relation to health.

Home Training. — Of first importance in the education of a young lady is proper home training and education. The young lady who has acquired all the culture and accomplishments which can be secured in the schools, but has no knowledge of the simple arts so necessary to the making of a home, and the proper training of a family, has neglected the most important part of her education. The general prevalence of this defect is becoming alarming. The girls of the present generation are as a rule far less skillful in bread-making, house-cleaning, and the other household arts, than in piano-playing, elocution, and similar accomplishments. This condition of affairs is becoming more and more common in this country. The poor mother, who has become worn out with arduous toil in the rearing of her family and in providing them with comforts and luxuries, seldom has a daughter who is able to take her place in the kitchen, at the wash-tub, or at the ironing-table. Unfortunate as is this state of things for the broken-down mother, as

ceive their diplomas. Their school studies are forsaken and soon forgotten; but the mental discipline which they received in their pursuit remains with them as valuable capital to be invested in any enterprise in which they may embark.

A sensible woman who has been thoroughly educated in the classics, mathematics, chemistry, and geology, need not necessarily make herself ridiculous by quoting Latin or Greek passages to her visitors, or spend her whole time in the collection of specimens of rocks and minerals, or in chemical investigations for the detection of some new metal, or in midnight observations for the discovery of a comet or a new planet. The mental training, the habits of close thought, the power of independent reasoning and investigation which the woman of sound mind acquires in a thorough college course are of as great benefit to her in the performance of household duties as to her equally well educated brother engaged in the various departments of business life.

Overstudy at Critical Periods.—The only real evil result to woman which can be made to appear as growing out of the coeducation of the sexes is the possibility of overstudy when the system requires tranquillity of mind and rest of body. As previously remarked, the girl who is approaching puberty should be relieved of severe burdens of any kind. She is not prepared to sustain any severe tax of either mind or body, and if at this time she is compelled to keep pace with others whose conditions are not such as to demand shorter lessons and less severe mental taxation, the exhaustion of the nervous system which



Fig. 1.



Fig. 2.

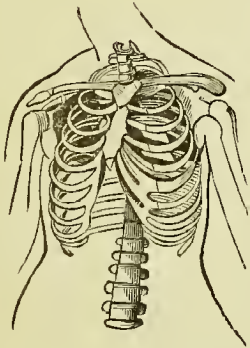


Fig. 3.

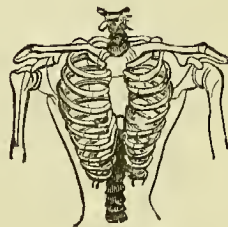
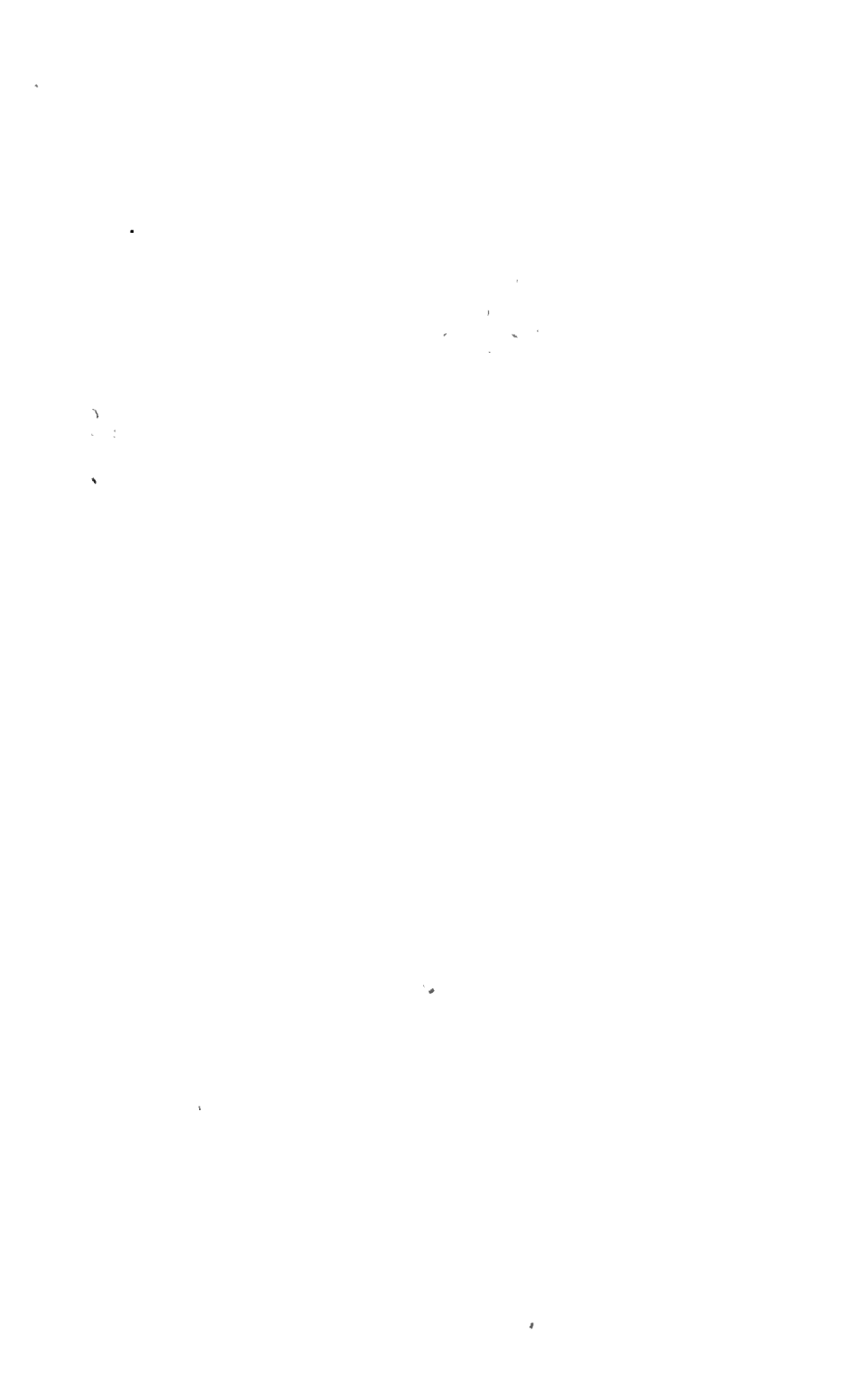


Fig. 4.



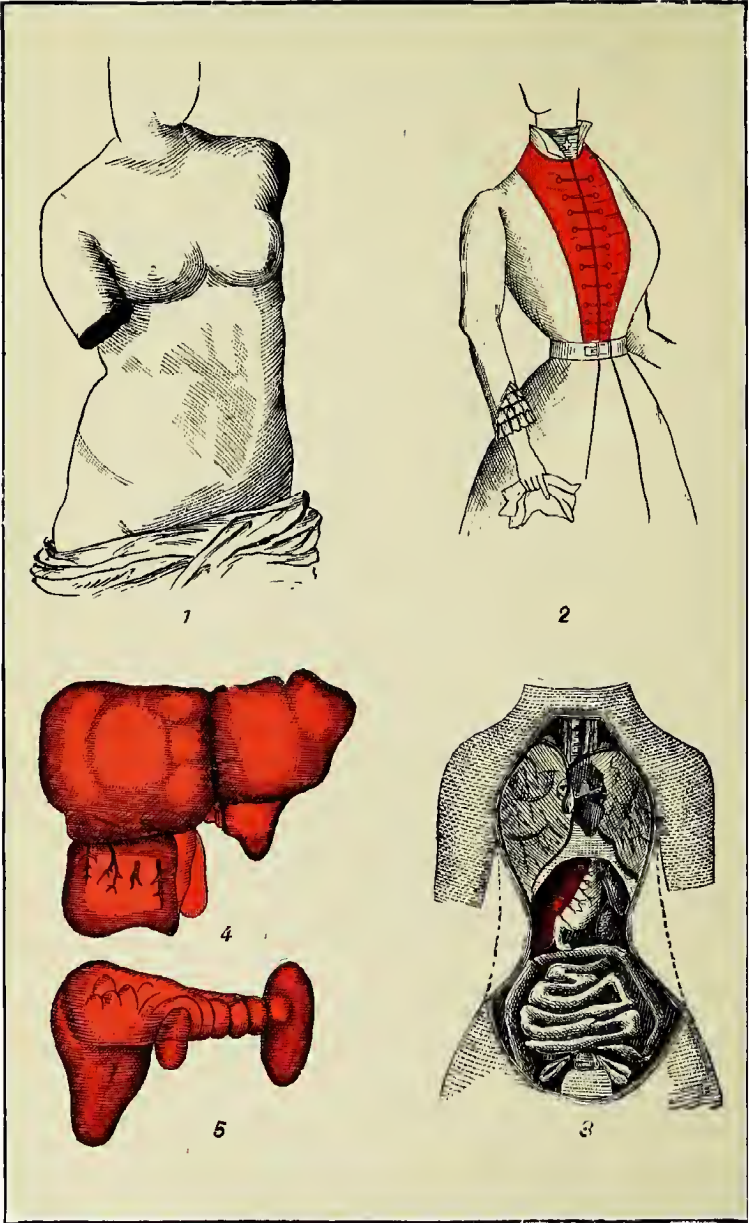


PLATE X.

Civilization creates the first requirement for clothing, and the varying temperatures of the temperate and frigid zones create the second.

Essential Qualifications of Healthful Clothing.

—In order to properly meet the wants of the body in fulfilling the above requirements, clothing must possess the following qualifications :—

1. It must allow unrestrained action of every organ of the body.
2. It must secure equable temperature of all portions of the body.
3. Its weight must be as light as possible without sacrificing other necessary qualities.
4. It must be so adjusted to the body as to be carried with the slightest possible effort.

In view of the above principles, let us examine some of the fashionable articles of dress.

Fashion has graciously spared one-half of her subjects the pains and follies which she has heaped in double portion upon the other half. With the exception of tight boots and tight cravats,—both of which are now out of fashion, fortunately,—little fault could be found on the score of health with most of the garments worn by men.

It was, indeed, reported some time since by the lady correspondent of a prominent American newspaper, who was writing from the metropolis of England, that in that portion of the world creatures calling themselves men are sometimes found to be addicted to the feminine custom of corset-wearing; but these sickly specimens of humanity are hardly

Personal Beauty.—Every woman desires to be beautiful; and there are few women indeed who do not yield to the instinct which leads her to adopt various little devices for the purpose of increasing, or making to appear to the best possible advantage, her natural attractions of mind or person. But the popular idea of beauty is in many respects faulty. A woman with a pretty face and a fine figure may be or may not be beautiful. Beauty is not simply “skin deep.” Its real elements are based upon mental and moral qualities rather than mere physical traits. A face cannot be really beautiful which hides behind it a character devoid of worth. A superficial observer may mistake a mere physical symmetry or comeliness for beauty; but an individual who is alive to the character of his surroundings and sufficiently awake mentally and morally to really know the significance of life, will through his intuitions quickly discriminate between a mere surface glitter and real beauty of soul or character. Physical beauty is the shadow after which so many seek, while character beauty is the real substance which is so often ignored. A beautiful character cannot be ugly in its external expressions, no matter how much Nature may seem to have neglected the principle of mutual fitness. The face is so thoroughly a mirror of the mind, simply a reflection of the character, that the real beauty or ugliness of the latter cannot fail to appear as plainly as the hand writing upon the wall in ancient time, and no prophet is required to interpret its meaning.

The way to cultivate real beauty, then, is to adorn the heart and mind with valuable and lovely traits,

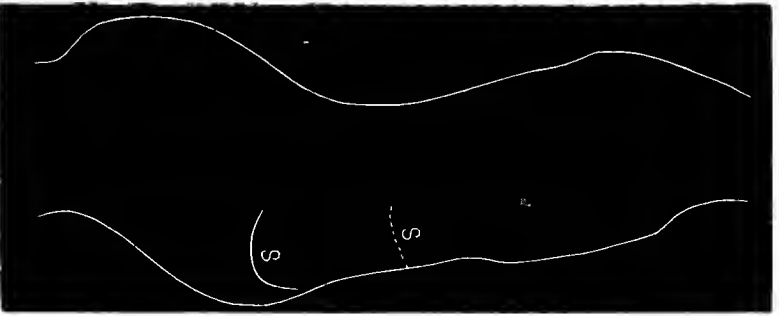


FIG. 1. Results of wearing a "health corset."

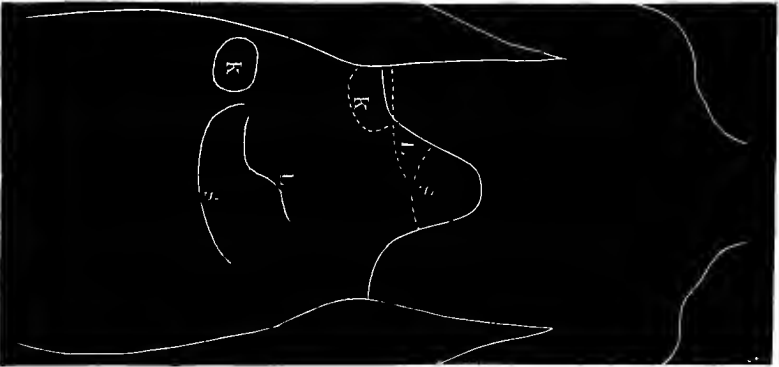


FIG. 2. Front profile.

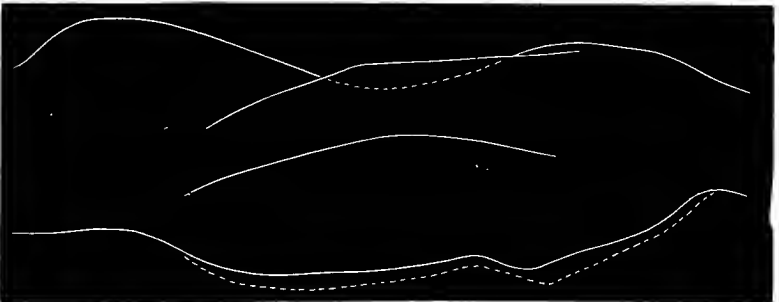


FIG. 3. Normal respiration.

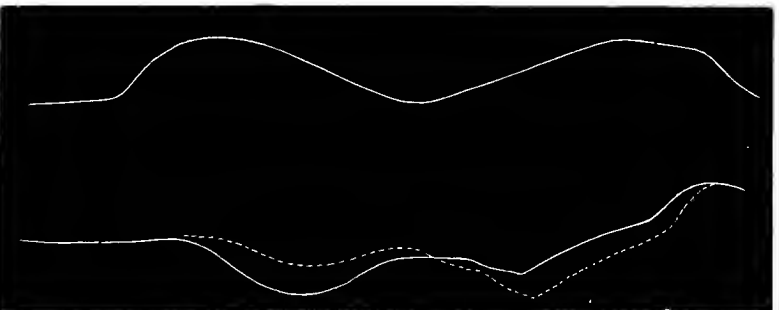


FIG. 4. Clavicular respiration of a corset wearer.

PLATE XXI.





Costal. **Abdominal.**

Fig. 1. Man.



Costal. **Abdominal.**

Fig. 2. Young Woman, in Corset.



Costal. **Abdominal.**

Fig. 3. Man in Corset.



Costal. **Abdominal.**

Fig. 4. Chinese Woman.



Costal. **Abdominal.**

Fig. 5. Chippeway Indian Woman.



Costal. **Abdominal.**

Fig. 6. A Scotch Woman who had never worn a Corset.



Costal. **Abdominal.**

Fig. 7. A Reformed Corset-wearer.

but because the same disease which causes the dandruff interferes with the nutrition of the hair, thus occasioning its loss. On account of its tendency to produce baldness, the disease should never be neglected. Dandruff is generally occasioned by disorder of the digestion, or some other debilitating disease.

Treatment: Restore the general health by proper attention to the digestion and general hygiene. For dandruff of the face, apply the same remedies recommended for oily skin. The scalp should also be treated in the same way, by gentle shampooing with ordinary washing soap once or twice a week. A very soft brush should be used. Neither a stiff brush nor a fine comb should ever be used for removing dandruff. After shampooing, a liniment composed of equal parts of castor-oil and alcohol may be rubbed on the scalp, or an ointment composed of a drachm of tannin to an ounce of vaseline.

Offensive Perspiration.—This is a condition which is sometimes exceedingly annoying. It is occasioned by the excretion in the sweat of elements of an offensive character. Odors of various kinds are produced. Rheumatic persons are generally most disagreeably affected. The arm-pits are the portions of the body most frequently affected, the offensive odor arising from the feet being due to decomposition of the sweat, and not to the abnormal character of the secretion. This condition is sometimes very difficult to overcome. The best remedy is thorough cleansing of the parts, at least twice a day, with soap and water, or some disinfectant lotion, as permanganate of potash, a solution of chlorinated soda, or of two or three per cent of

great a difference in age makes the husband and wife too unlike in tastes and in character. A woman should avoid marrying a man younger than herself. As a rule, a young woman is more mature than a man of the same age, and for a woman to marry a man younger than herself is to prepare her for domestic unhappiness in the lack of the husband's power to command proper respect from his wife on account of his own inferiority in years and development.

Whom to Marry.—We have already given several hints respecting the selection of a husband, but a few more words on the same subject will be admissible. We do not propose to give exact rules on this point, knowing very well that such rules will not be followed if laid down, as marriage is not a thing to be governed strictly by law, although it is a matter in which, above all others, calmness, consideration, and deliberation should be exercised. “Love at first sight” is seldom the kind of love which will bear the test of years of association and the trials and perplexities of married life, together with its disappointments and hardships, which frequently come through the reverses of fortune. Genuine love is that which is based upon a real adaptation of individuals to each other, and must be the outgrowth of real acquaintance with the character, tastes, habits, and all that goes to make up the sum of personal traits and characteristics. Love based on any less thorough foundation than this, can scarcely be called genuine, and is not likely to last. We have known cases in which marriages resulting from “love at first sight” were apparently mutually happy; but these are certainly excep-



PLATE XI.—LIGHT GYMNASTICS.

tomary, as it is now among uncivilized nations, to destroy congenital cripples at birth. A dyspeptic, a chronic rheumatic, an asthmatic, a paralytic, a person with a hereditary tendency to scrofula, in fact, any individual suffering with any marked deviation from the standard of health, will not be looked upon by a healthy young woman who considers the matter of matrimony from the stand-point of physiology and physical health, as desirable for a husband.

3. He should be a man of good habits. By good habits we mean not only steady, industrious, thrifty habits with a disposition to economize and avoid extravagance, but freedom from such habits as the use of liquor, tobacco, and other stimulants and narcotics. Young women sometimes marry young men in a sort of missionary spirit, thinking that through their influence over them they will be able to effect a reform and thus wean them from the injurious habits which they may have contracted. This is an illusion which but a few weeks of married life suffice to dispel. A young man who does not care enough for the young lady whom he wishes to become his wife to reform before marriage, will never reform afterward. In fact, it is a very dangerous piece of business for a young woman to run the risk of marrying a man who has been "just a little fast." Habits of dissipation when once thoroughly fastened upon an individual are not easily shaken off, and though he may reform for a time, favorable circumstances will be likely to lead him back into the same channel again.

The notion which we sometimes hear expressed, that "reformed rakes make the best husbands," is as

THE WIFE.



MARRIAGE is an institution of divine ordination, having its origin in Eden, the birth-place of the race. The duties and responsibilities of a wife are in no way second to those of her husband. Her sphere of usefulness is necessarily different from his, but it is in no way secondary in importance. The true wife may exert an influence upon her husband and through him upon society which may determine the destiny of nations. Many a man who has risen to greatness has been proud to acknowledge that the real credit of his grandest achievements was as much or more due to his wife than to himself. The Wise Man has well said, "Who can find a virtuous woman? for her price is far above rubies. The heart of her husband doth safely trust in her. She will do him good and not evil all the days of her life."

The responsibilities and dignity of wifehood is in recent times altogether too little respected. Too often a wife is regarded simply as an ornament for the parlor or a manager of the housekeeping. Even women themselves are prone to take this narrow view of their sphere of usefulness. A woman who really appreci-

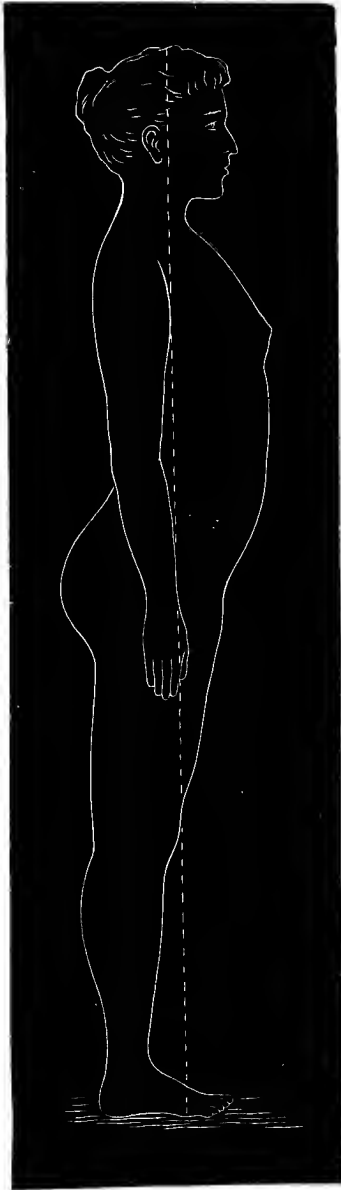


FIG. 1. Correct poise (a German peasant woman).

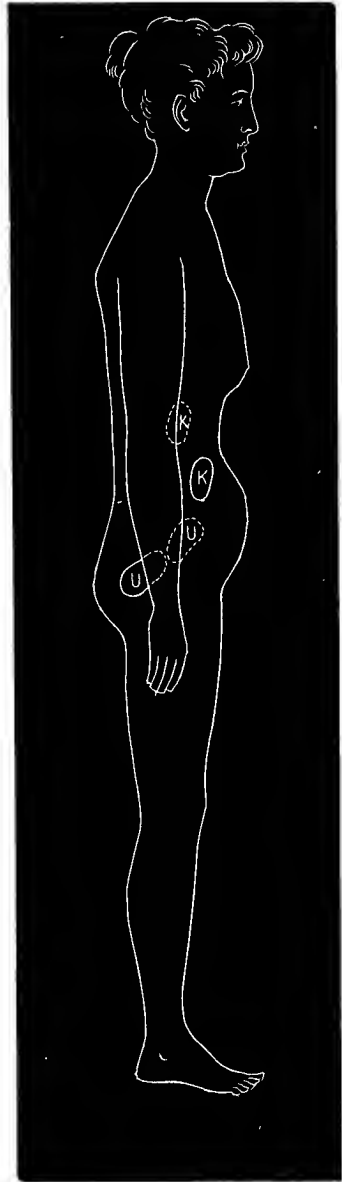


FIG. 2. Incorrect poise, results of corset-wearing.

PLATE XVII.—CORRECT AND INCORRECT STANDING POISE.

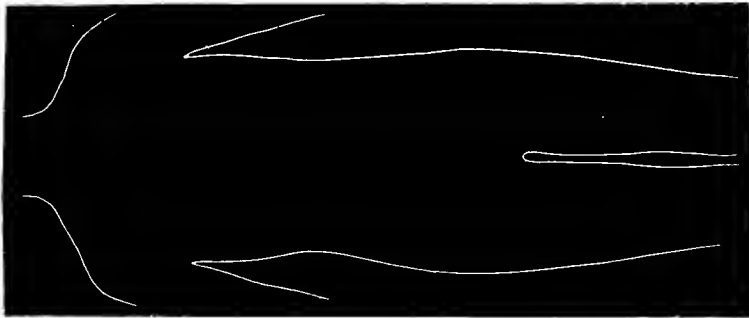


FIG. 1. Well-developed man.

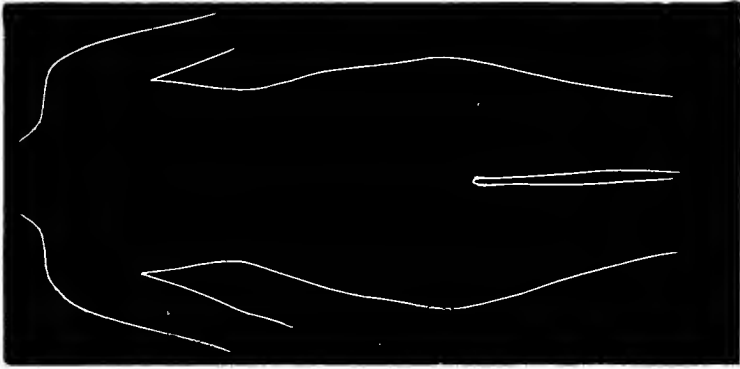


FIG. 2. Well-developed woman

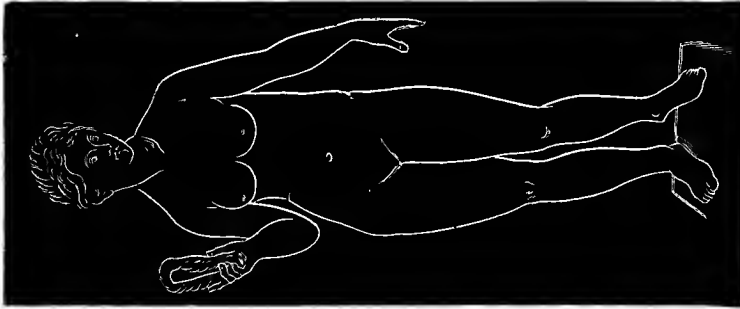


FIG. 3. Bronze Venus.

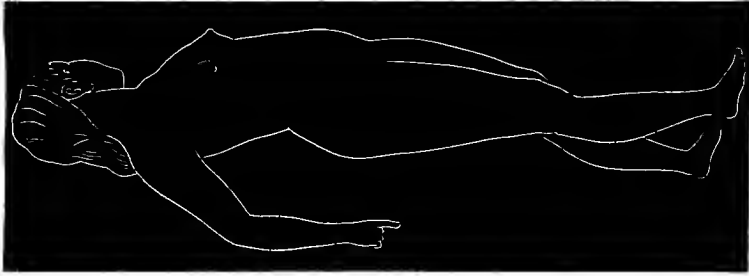


FIG. 4. Italian peasant girl.

PLATE XVIII.—NATURAL FIGURES.

emas upon its perpetrators. The crime should be considered a just cause for church action to disfellowship, and the nature of the crime should not induce those who may have knowledge of it to keep it secret. The crime must be made odious, and the perpetrators condemned in unstinted terms.

Physicians must warn women of the physical as well as the moral calamities which follow in the wake of this inhuman practice, and the certainty of retribution in this life, as well as the next.

Testimony of Eminent Physicians.—The following paragraphs express not only the sentiments of the eminent authorities referred to, but the conclusions and views of all conscientious physicians of experience :—

“ Yet this very thing of criminal abortion means, in plain terms, the most cowardly, base kind of murdering,—cowardly, because upon a helpless, living embryo, to hide the result of sensual gratification, or to evade the duty of caring for it afterward; or simply, with some, because it is thought to be vulgar to have children,—base in a deliberate purpose to sacrifice life, moral purity, maternal nobility and loveliness, to degrading desire.

“ There are those who would fain make light of this crime by attempting to convince themselves and others that a child, while in embryo, has only a sort of vegetative life, not yet endowed with thought, and the ability to maintain an independent existence. If such a monstrous philosophy as this presents any justification for such an act, then the killing of a newly born infant, or of an idiot, may be likewise

study, and there is little doubt that from this, as the primal origin, arises much of the nervous, mental, and organic derangement and deficiency that, occurring in children, cuts short or embitters their lives."

"In thirty-four cases of criminal abortion reported by Tardieu, where the history was known, twenty-two were followed, as a consequence, by death, and only twelve were not."*

Another authority states that of one hundred and sixty cases of instrumental abortion, the death of the mother occurred in sixty.

The Menopause, or Change of Life.—Beginning at about the age of thirteen years, the menstrual function usually continues about thirty-two years, reaching its conclusion, on an average, in the forty-sixth year, but terminating in the majority of women in the fiftieth year. At puberty the ovary enlarges until it attains its full development and begins its work of casting off each month a perfected ovule. When the forty-fifth year of a woman's life is reached, the reverse of this process begins. The ovary begins to shrivel, soon reaching the size and acquiring much the appearance of a peach stone. A few months later it is still more shrunken; and after the cessation of the menses it often becomes so shriveled as to be scarcely recognizable.

At the same time that the ovaries are undergoing this remarkable degenerative change, a similar change is taking place in the other organs of generation. The uterus diminishes in size, as does also the vagina. The mouth of the womb becomes contracted,

* Storer.

ditions affecting the two termini of a woman's sexual activity. If the function is ushered in with great irregularity, its conclusion will be attended with the same phenomena. Great pain, local or general during menstrual activity, will pretty certainly be followed by the same sort and degree of pain at the grand climacteric. One very singular circumstance is the fact that a late puberty indicates a short rather than a long menstrual life. So also, habitual pain at the menstrual period indicates pretty certainly much pain and suffering at the menopause.

A Critical Period.—This period is one of the most critical epochs of a woman's life. Upon the manner in which she passes through it, depends her future health and happiness in a very great degree. The perturbations in the general system which occur at this time are of a character so profound as to be wholly inexplicable were not the intimate relations of the ovaries with the general system through their nervous connections so thoroughly understood. During the period of menstrual activity, a woman's system is affected, we may almost say, dominated, by the influence of these two little glands in a most remarkable manner. The relation between the ovaries and the digestive functions must be familiar to every one. The nausea which is induced by simply pressing upon the ovaries, especially if they are in the slightest degree irritable, is evidence of the reflex influence which they exert upon other important abdominal organs. Either an excess or a deficiency of the proper influence of these

THE MOTHER.



THE motherly instinct is without doubt the ruling passion in the heart of the true woman. The sexual nature of woman finds expression in this channel when her life is a normal one, rather than in the grosser forms of sexual activity. In modern times there seems to be a tendency to the obliteration of the instinct which makes motherhood desirable and regards it with respect; but every true woman will recognize the demoralizing nature of this unhallowed influence, and will lift her voice in solemn protest against it. In no sphere does woman so well display her Eden-born graces of character so excellently as when fulfilling her duties in nurturing and training for usefulness the plastic minds and forms which have been intrusted to her care. We behold with admiration the canvass of a Raphael or a Michael Angelo; we stand with speechless wonderment before the recovered marble of a Phidias or a Praxiteles; we are almost ready to bend the knee in adoration of the lofty genius which gave birth to these marvelous works of art which have immortalized their creators; but which of all of these can for a moment compare with the work in-

way affect those of her child, and that for a period she must think, act, and live for another besides herself. One of the most powerful means of impressing indelibly upon the mind the necessity for care and proper training, mental and moral, as well as physical, during the period of pregnancy and lactation, is a presentation of the principles and facts of

HEREDITY.

We have not space here to enter into the details of this somewhat intricate department of biology, and can only call attention to a few of its leading features which are of special practical value in this connection.

“Like father like son,” is a homely adage, the correctness of which is rarely questioned; and “like mother like daughter” would be equally true. A careful study of the subject of heredity has established as a scientific fact the principle that sons as a rule most resemble the father, and daughters the mother, although there are often observed marked exceptions to the rule. The degree to which this hereditary tendency exists, and how it may be utilized to the improvement of the race is a question of interest which we may profitably consider. Unfortunately, the question of “pedigree” receives very little attention so far as human beings are concerned. If a man is about to expend a thousand dollars for a fine horse, he inquires with great care into the ancestry of the animal. The owner must be able to show a record of lineal and unmixed descent from parents

GESTATION, OR PREGNANCY.

Signs of Pregnancy.—The cessation of the menses is usually the first indication that conception has taken place and that the period of gestation has begun. As remarked in a previous portion of the work, however, some women seem to have certain symptoms indicative of the occurrence of conception, such as slight faintness, or some nervous symptom peculiar to the individual. These cases must be regarded, however, as quite exceptional. When the menstrual function is interrupted without the occurrence of anything to which it may be fairly attributed, as taking cold, or some serious general or local disease, a married woman who has been exposed to the liability of conception may consider that she has good grounds for suspecting that she has become pregnant. It should be borne in mind, however, that pregnancy sometimes occurs without interrupting the menstrual function, at least during the first months. Cases are also on record in which pregnancy has occurred without the menstrual function ever having made its appearance, and after the change of life had occurred, the menstrual discharge having been absent for months.

“*Morning Sickness,*” is a symptom which makes its appearance very early in the period of pregnancy, usually in the second month, and often in the first week, continuing six or eight weeks. There is nausea and sometimes vomiting, the symptom usually occurring just after rising in the morning, whence its

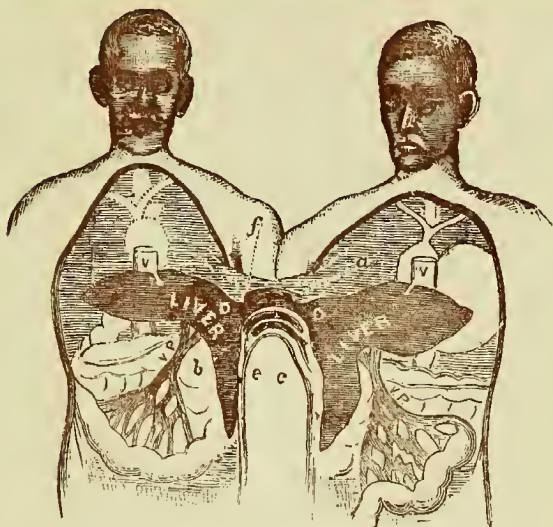


Fig. 1.—Siamese Twins.



Fig. 2.



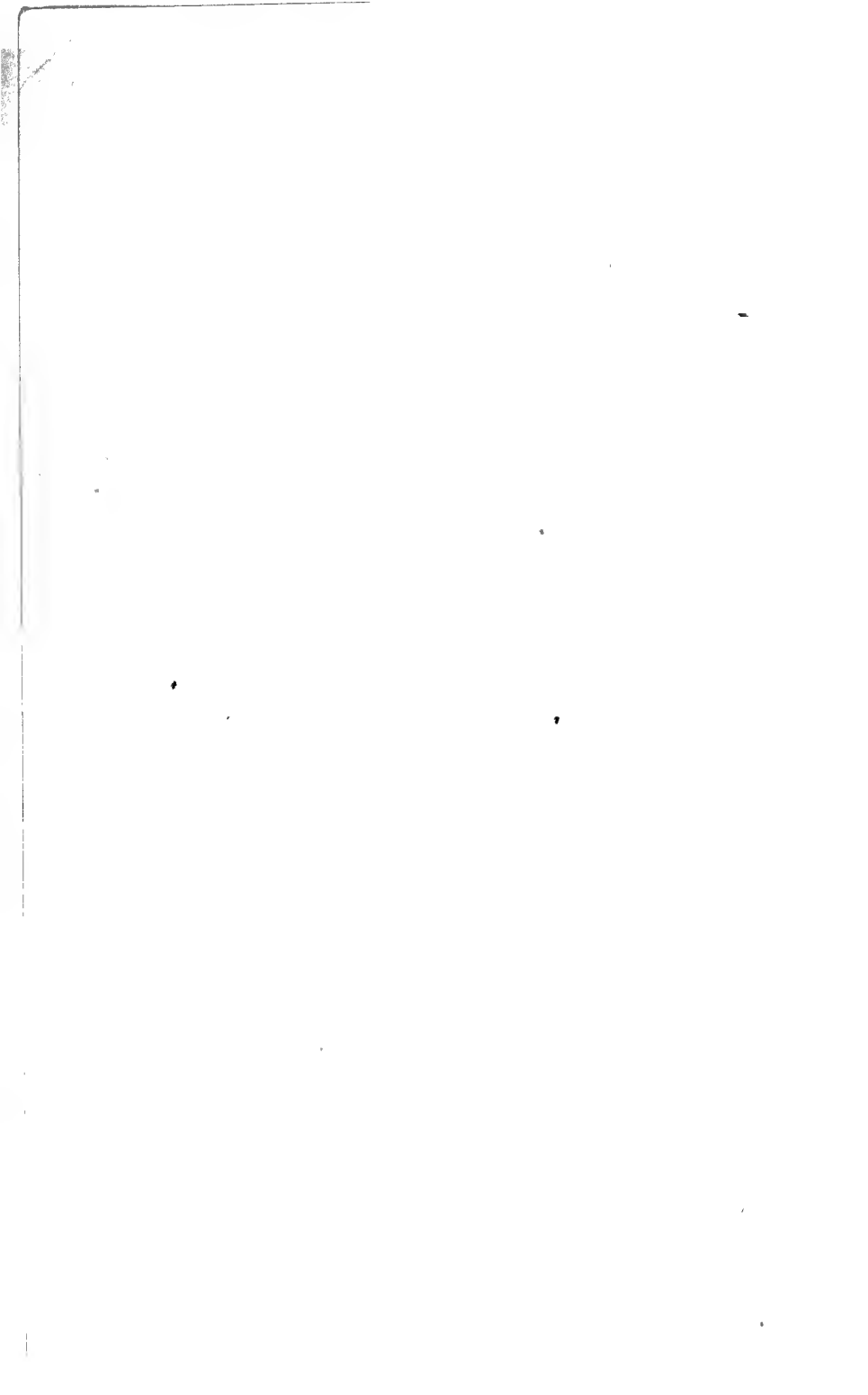
Fig. 3.



Fig. 4.



Fig. 5.



name. This form of vomiting is due to sympathetic influences, and while generally not so serious but that it may be easily controlled by the simple means which will be hereafter described, sometimes becomes so violent and uncontrollable as to endanger not only the life of the fœtus but of the mother. Many women do not suffer at all with this symptom.

One of the most constant and important signs of pregnancy is the change which takes place in the breasts. At the middle or end of the second month the mammary glands begin to enlarge, become firmer to the touch and somewhat sensitive, and other marked changes occur in the nipple and adjacent tissue. Its color becomes darker, and the dark ring about it, known as the *areola*, acquires a considerable increase in color, becomes somewhat enlarged, and presents on its surface many little tubercles, formed by the enlargement of the peculiar glands which are found in this locality, each of which is in fact a miniature breast in its structure, and hence ready to take on the same development as the gland itself when influenced by the same exciting cause.

In many cases, dark spots appear at this period upon the face and hands or other parts of the body, which closely resemble liver spots, but are distinguished from them by the fact that they speedily disappear after childbirth.

By the end of the second month the womb has acquired a considerable increase in size, in consequence of which it settles down in the pelvis, giving to the abdomen an unnatural flatness characteristic of this condition.

Between the third and fourth months the foetus reaches a degree of development sufficient to enable an acute observer to hear distinctly the beating of the heart. Observations respecting the foetal heart-beat and the means for detecting it have been made at page 98, and need not be repeated here. This is a certain sign of pregnancy.

“*Quickening*” is the term applied to the first movements of the child which are observed by the mother. The term originated in an age of ignorance when it was supposed that at the time motion was first felt, a change took place in the development of the child by which it acquired individual life, which it did not possess prior to that time. The fallacy of this theory has been already shown in this work. It is necessary only to say that motions are made by the foetus at a very early period; but as the uterus does not become sufficiently enlarged to bring its walls in contact with the abdominal walls until the fourth or fifth month, the mother does not observe them until this period.

The movements are described as resembling the fluttering of a bird, or strong pulsation. They may be easily observed by others besides the mother by placing the hand upon the abdomen for a few moments. If they do not occur promptly, a slight tap of the fingers will occasion them, or dipping the hand in cold water before placing it upon the abdomen. Sometimes these movements are imitated either purposely or as the result of disease; when this is the case, the fact may be discovered by observing that the means just given for exciting them does not succeed.

We will first call attention to measures of regimen and treatment which conduce to the comfort and safety of the mother during gestation and while passing through the process of childbirth, by the aid of which the pains of parturition and the perils of maternity may be avoided. Thousands of women look forward to the termination of pregnancy with constant dread and most dismal forebodings; and thousands of others adopt every possible device to avoid pregnancy through fear of the pains and dangers which are commonly attributed to these physiological processes. We hope to offer in these pages suggestions which will afford to such wives assurance of safety and so great a mitigation of suffering as will lead them to choose the slight inconveniencies of normal pregnancy and physiological childbirth rather than the dismal comfort of a childless old age and the increased liability to disease which is likely to result from a childless life.

Parturition without Pain.—For ages womankind has submitted, not always uncomplainingly, it is true, but with evident hopelessness of any redemption, to the pains and perils of maternity, fully believing that their sufferings were the result of the curse pronounced upon womankind in consequence of the transgression of their first mother, Eve. Doubtless woman must endure some burdens and sufferings to the end of time in obedience to the divine mandate, “In sorrow thou shalt bring forth children;” but we are prepared to show that the greater part of woman’s sufferings in the performance of this the highest of all physical functions is the result, not of

envy, irritability of temper, and, in fact, all the passions and propensities should be held in check. The fickleness of desire and the constantly varying whims which characterize the pregnant state in some women should not be regarded as uncontrollable, and to be yielded to as the only means of appeasing them. The mother should be gently encouraged to resist such tendencies when they become at all marked, and to assist her in the effort, her husband should endeavor to engage her mind by interesting conversation, reading, and various harmless and pleasant diversions.

If it is desired that the child should possess a special aptitude for any particular art or pursuit, during the period of pregnancy the mother's mind should be constantly directed in this channel. If artistic taste or skill is the trait desired, the mother should be surrounded by works of art of a high order of merit. She should read art, think art, talk, and write about art, and if possible, herself engage in the close practical study of some one or more branches of art, as painting, drawing, etching, or modeling. If ability for authorship is desired, then the mother should devote herself assiduously to literature. It is not claimed that by following these suggestions any mother can make of her children great artists or authors at will; but it is certain that by this means the greatest possibilities in individual cases can be attained; and it is certain that decided results have been secured by close attention to the principles laid down. It should be understood, however, that not merely a formal and desultory effort on the part of the mother is what is required. The theme selected

formed in a perfectly physiological manner. They must be regarded as among the results of the perverted state into which the race has fallen, and in which there have been great departures in a great variety of ways from the normal conditions of the race. It should be added that a careful observance of all the suggestions made in the preceding section will effectually prevent nearly all the disorders to which we here call attention.

“*Morning Sickness.*”—This is one of the earliest, and sometimes one of the most serious, complications of pregnancy, occurring usually only in the earlier and later months of pregnancy. The nausea, sometimes accompanied by vomiting, most often occurs in the morning just after rising.

Treatment.—This difficulty is often very obstinate, but very simple measures will give relief in the majority of cases.

Give the patient something to eat before she rises in the morning, as a bowl of brown bread and milk. Food should be taken at least fifteen or twenty minutes before attempting to get up, and after rising, the patient should dress quickly and go out in the open air for a walk, unless the weather forbids.

The abdominal bandage is a very excellent means of relieving this unpleasant symptom. It should be worn continually for a week or two both day and night and then should be omitted during the night. Daily sitz baths are also of great advantage. In many cases, electricity relieves this symptom very promptly. When nearly all kinds of food are rejected, milk and lime-water may be employed. In

powdered alum may be carefully inclosed in a bag of thin muslin and introduced into the vagina and retained for a few hours.

Puerperal Convulsions.—This is a very serious disease which may occur during pregnancy, or during or after labor. It generally occurs in patients who have suffered with disease of the kidneys during pregnancy, as shown by swelling of the feet and limbs, puffiness of the face, and the presence of albumen in the urine. Among the first symptoms are disorders of vision, as blurred sight, double vision, and continuous headache. The attack generally begins with strong muscular contractions, in which the muscles of the limbs become rigid, and respiration ceases through the rigidity of the muscles of the chest. This is followed in a short time by spasmodic twitching of the various muscles. Sometimes the contortions of patients suffering with this affection are frightful. The most common, and probably the sole, cause of true puerperal convulsions, is poisoning of the blood by the elements of the urine which are not eliminated on account of congestion or inflammation of the kidneys.

Sometimes attacks occur resembling those of epilepsy. These cases are probably due to some other cause.

Treatment: The preventive treatment of this disease is by far the most important. It consists, first, in thorough attention to the laws of hygiene relating to the pregnant state. The diet should be chiefly fruit, and farinaceous articles of food. Sugar and meat should be carefully discarded. As soon as the



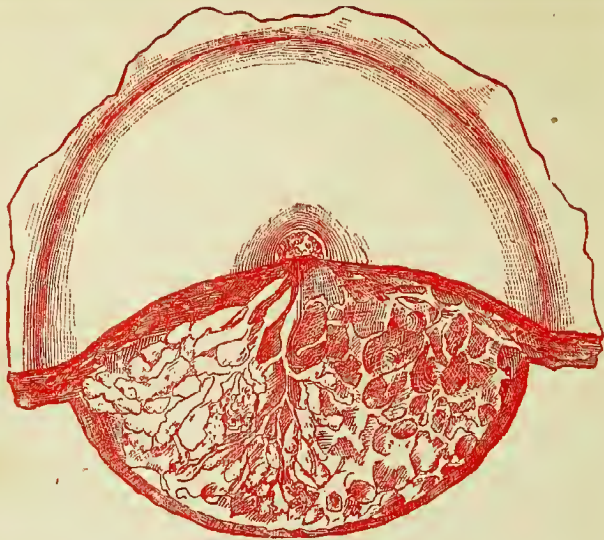


Fig. 1.

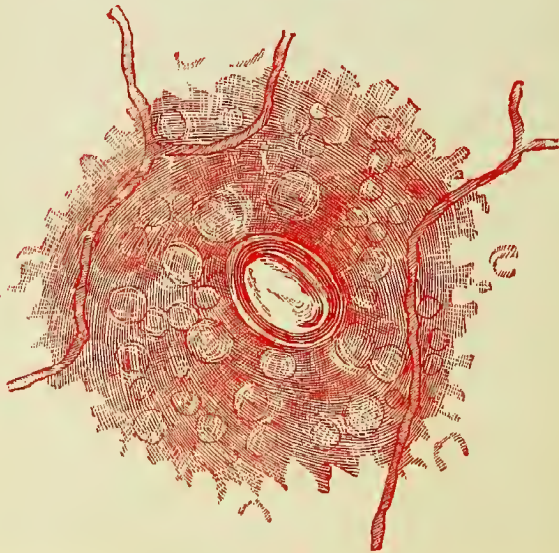


Fig. 2.

means the pains and perils of childbirth may be almost infinitely lessened. Most obstetrical operations, so fraught with danger to both mother and child, are made necessary by malpositions which may be easily corrected without pain or inconvenience to the mother or danger to the child by proper manipulation prior to confinement. In view of this fact, every woman will recognize the importance of consulting an experienced and intelligent physician at intervals during the last months of pregnancy to assure herself that all is well, or to submit to the proper treatment for correcting any faulty position, thus avoiding the danger and suffering which might otherwise be inevitable.

In some cases it becomes necessary that a properly constructed supporter should be worn to prevent a return of the difficulty after the malposition has been corrected.

LABOR, OR CHILDBIRTH.

(See Appendix for instruction in Aseptic Midwifery.)

The period of gestation, or labor, usually lasts, in the human female, from 278 to 300 days, at the end of which time it is terminated by labor, or parturition. The approach of labor is usually indicated by premonitory symptoms for some hours or even days beforehand, but sometimes occurs suddenly without any premonitory symptoms.

The following are the leading signs of the approach of the termination of pregnancy: Gradually increasing irritability of the bladder, with much difficulty in standing or walking, and a change in form of the ab-

the child or the after-birth, to excite uterine contraction, or to correct malpositions. The exact mode of administering such manipulations will be described a little later. The object of this mention is to call attention to the fact that this one of the most recent additions to scientific obstetrical practice is almost as old as the race, and simply an adoption of what has been practiced by savages from time immemorial, with, of course, such improvements as civilized man with his greater intelligence is easily able to add.

Preparation for Labor.—The whole period of pregnancy should be a course of preparation for its termination; but in addition to the various measures previously described, special measures may be adopted at its very termination by which the pains and dangers of childbirth may be greatly lessened and the process expedited.

First we mention the vaginal douche. No better means is known for securing natural and ready dilatation of the neck of the womb at delivery than the hot water douche. It should be administered two or three times daily for the last week or two of pregnancy, and when the pains of childbirth begin, may be employed continuously for hours with benefit. It is one of the most effectual means of relieving the annoying, ineffectual pains of the first stage of labor. The temperature should not be over 110° F., and the patient should be placed in such a position as to make her as comfortable as possible. We have witnessed the most excellent results from this method, and can recommend it as well worth a trial, and cer-

and the kidneys acting freely. The diet should be especially simple. The usual amount of exercise should be taken, or as nearly so as possible, to the very day of confinement, unless there should be some complication contra-indicating exercise.

Management of Labor.—The first thing to be done at the beginning of labor is to secure the services of a competent attendant. The attendant should, if possible, be a thoroughly trained physician. This is a field in which woman as a physician can fill a very useful sphere. Under no circumstances, except in emergencies, should the important process of parturition be placed wholly in the hands of a midwife whose qualifications, such as she may possess, are wholly derived from experience at the bedside, no matter how large be the number of cases she may have attended. No one person could by practical experience alone in a life-time acquire all the knowledge necessary to meet the urgent emergencies which are liable to arise at any time in childbirth. The science and art of obstetrics have been developed by a very slow process; and as they exist at the present day, are the result of the combined experience of physicians during the last two thousand years. Thorough theoretical knowledge is indispensable as a foundation for practical skill.

As soon as the first labor pains make their appearance, the physician should be promptly notified, and also the nurse, if the latter is not already in readiness. The room in which the patient is to be confined should be a large, light, airy, and pleasant one. But few persons should be allowed to be pres-

Washing and Dressing the Child.—If the birth is a premature one, having occurred before the infant was fully developed, the child will be smaller than usual and less well developed ; its movements will be slight and feeble, its cry will be very faint, and the countenance will have a peculiarly old expression. Such a child requires extra care and warmth. It should be carefully wrapped in soft cotton. Very great care will be required in rearing it, as it will at first be too weak to nurse and must be fed with a spoon. It should not be washed and dressed for some hours, and should be kept very warm. Care should be taken in washing the child not to expose it to cold so as to produce blueness of the surface, as is often done. It should be recollected that the infant has all its life thus far been accustomed to a temperature of nearly 100°, and being wholly without protection when born, and keenly susceptible, it must suffer quite severely from cold. Another important fact is that the process of respiration is not completely carried on by the lungs for some days after birth, the skin performing a very important part of the work. When it becomes cold, it can no longer perform this extra function, and the blood of the child is quickly poisoned by the accumulation of carbonic acid and other effete products which should be eliminated.

The best plan for washing the child is to place it in a warm bath, the temperature of which is about blood heat, and then rub it gently with a sponge dipped in warm, weak suds made of castile soap. If the surface is covered with curd-like matter, as is sometimes the case, it should be smeared with a mixt-

By dressing the cord in this way, much offensiveness which arises from decomposition is avoided.

It is generally customary to next apply what is termed the belly-band. This is not so important as many suppose, if indeed it is needed at all, which we very seriously doubt. If applied it should not be drawn too tight, and should be fastened with tapes instead of pins. The best material to use is very soft flannel. When the dressing is completed, the infant should be placed in a warm bed ; but it should not have its head covered, as it needs an abundance of air, as well as an adult. The infant, when thus properly dressed, generally sleeps several hours. When it awakes, it should be applied to the breast. Although the milk is not yet formed, the efforts of the child to nurse will promote the secretion and will also benefit the child, as the first secretion furnished by the breast, a watery fluid known as *colostrum*, has a slightly laxative effect upon the bowels of the infant, freeing them from their contents, which is termed *meconium*.

The Binder.—After the child has been born and its immediate wants attended to, the binder or abdominal bandage should be applied to the mother. The binder consists of a double thickness of strong muslin cloth or a large linen towel. It should be applied in such a way as to give the mother the least possible amount of inconvenience in the application. In fastening, it should be drawn so as to fit the body snugly, and should be pinned from above downward. The bandage is generally applied more tightly than is necessary, the serious consequence of which is not

the prompt and thorough performance of which is very important. Special care should be taken so long as the lochial discharge is still present. Care during this period will often save the patient from many years of suffering.

Hemorrhage after Labor.—Sometimes the womb does not contract so firmly as it should after childbirth, in consequence of which its greatly dilated blood-vessels remain open, and frightful hemorrhage is the result. This is also sometimes caused by only partial separation of the after-birth, the remainder of the after-birth being attached so firmly that it cannot be expelled by the contractions of the organ. In other cases more or less hemorrhage continues for some time after childbirth in consequence of a laceration or tear of the neck of the womb.

Treatment: When the hemorrhage is due to partial attachment of the placenta, the after-birth should be removed as quickly as possible. In order to effect this, it is sometimes necessary for the physician to pass his hand into the womb. The necessity for this measure may almost always be obviated by the employment of the hot water douche at as high a temperature as can be borne by the patient, and by the employment of "expression," described on page 452. When the directions there given are followed out, hemorrhage after labor will rarely occur.

Where hemorrhage is due to failure of the uterus to contract, the best remedy known is the hot water douche and massage or friction over the womb. The syphon syringe, or some other efficient instrument of the kind should be in readiness for use in an emergency

dies of blood poisoning. Cases have occurred in which, by the performance of a surgical operation, a fully developed child has been removed from the abdominal cavity, the lives of both mother and infant being saved.

Puerperal Fever.—This disease is responsible for a large number of deaths following confinement, and a great multitude of chronic, diseased conditions, by which women who have suffered from it are crippled and maimed, many times for life. It is now pretty generally conceded that severe fever following confinement is usually the result of absorption into the system of some of the products of the decomposition taking place in the generative passages. Having gained access to the blood, the diseased germs multiply in great numbers and soon pervade the whole system. In addition to the general fever, inflammations of the womb or its surrounding tissues and the ovary and other organs are very likely to occur, leaving adhesions, consolidations, abscesses, indurations, etc.

The best treatment of this disease is prevention. If the parts are thoroughly washed out two or three times a day with a disinfectant lotion, by means of a syphon syringe, the thorough cleansing being kept up continuously until the lochial discharge has entirely ceased, there is little chance for the germs of disease to find an entrance into the system, and puerperal fever will not be likely to occur. A physician attending one case of the disease will be very likely to convey it to other patients whom he may visit, unless he takes great care to disinfect his person and clothing.

THE DISEASES OF WOMEN.



THAT there has been in the last quarter of a century a most remarkable increase in the number and frequency of diseases of the class known as "female diseases," is a fact well attested by the observation of hundreds of physicians and other persons who have had wide opportunities for observation on this point. No one disputes the fact, but various interpretations have been given to it.

One author attributes the difficulty to faulty methods of education, particularly the attempt of young women to compete with their brothers in the study of the classics and the higher mathematics. Another, adducing the fact that American women seem to suffer more than those of any other nation, finds an explanation in the asserted fact that "all animals tend to deteriorate in this country." No reason is offered why America should not be as healthy a country as any other upon the globe, but attention is called to the fact that numerous classes of people have occupied the territory in succession, from which it is argued that no race can long continue an existence here without degeneration; thus placing the re-

ing the house may be built on purpose for its accommodation. Warmth in cold weather, convenience at all times, and privacy of approach, are advantages which should be embodied in every case as essential means of maintaining the health, as well as ministering to the mental and physical comfort of the female members of the household.

Perpetual "dosing" must be set down as one of the causes which have been instrumental in making so conspicuous "the little health of women." This subject has also been considered elsewhere, but we think will bear mentioning again, so common is the custom and so serious its consequences. It must be conceded that homeopathy has been of most invaluable service to the world, at least to one-half of humanity, by demonstrating that this class of ailments, when curable, recover more rapidly without than with the constant dosing with pills and pellets and regulating powders, nauseating compounds and sickening decoctions. The treatment of the diseases of women as practiced to-day by the most experienced and scientific practitioners, more nearly approaches the ideal standard of rationality than any other branch of medicine, and the daily advances in this direction are greater than in any other department.

We should fail to do our duty should we neglect to endeavor to impress upon the minds of our readers the paramount importance of attending seriously and promptly to the first evidences of the maladies to which this section is devoted. Nearly all this class of diseases, although very chronic and obstinate when thoroughly developed, are readily controlled by proper

useful measure, used alone or combined with astringents. The same may be said of a more recently discovered remedy, the extract of the *Eucalyptus globulus* or Australian gum-tree. For formula for these remedies, see the appendix.

The sitz or hip bath may be usefully employed in this as well as most other forms of local disease in women. The temperature of the bath should be 92° F., at the beginning, and after ten to twenty minutes should be cooled down from two to five degrees for about one minute, so that there will be no liability of the patient's taking cold. The bath may be taken daily if the patient is strong, or in other cases two to four times a week.

Still another measure of very great value in these cases is the medicated tampon, which is also described in the appendix. Alum, tannin, glycerine, and a variety of useful remedies may be applied in this manner, either with or without the aid of an instrument for placing the tampon, as described in the appendix.

VAGINITIS, OR INFLAMMATION OF THE VAGINA.

This disease is much less common than the preceding, one form of which is sometimes termed chronic vaginitis. In the acute form of the disease there is swelling, heat, tenderness, smarting, and a burning sensation, with a more or less profuse discharge. This form of the disease very closely resembles the specific form of the affection known as *gonorrhœa*, which usually results from impure connection.

camphor gum, or chloral. Sometimes diabetes acts as a cause, the urine keeping the parts in a state of irritation. In these cases the urine should be drawn with a catheter several times a day.

UTERINE CATARRH—ENDOMETRITIS.

General debility; pulse weak; countenance pale and sallow; digestion slow; bowels very inactive; eyes dull, surrounded by a dark circle; nervousness; headache; hysteria; weakness in the back and lower part of the bowels; watery or glary discharge, sometimes very copious, often appears in adhesive, stringy masses; scanty or suppressed menstruation; painful menstruation; menorrhagia; are the leading symptoms.

The mucous membrane lining the cavity of the uterus is subject to catarrh as well as all other mucous membranes of the body. This condition is generally termed, inflammation of the interior of the womb, and it has long been treated as such. It has recently been thoroughly demonstrated, however, that this is not the case, and that the condition of the mucous membrane lining the organ is that of congestion and not inflammation.

The most common causes are improper dress; taking cold at the menstrual period; sexual excess; self-abuse; and whatever may cause congestion of the womb. It occurs very frequently in women who for any reason do not nurse their children.

Treatment: All exciting causes, so far as possible, should be removed. If the patient has been in the habit of wearing the clothing tight about the waist

that the lady barely escaped with her life. We scarcely need add that the chronic congestion of the organ from which she had suffered many years was greatly aggravated in the inflammation which followed, in which not only the womb itself, but its surrounding tissues were involved. In this way an amount of damage is often done which can hardly be repaired by many months of treatment, and may occasion life-long injury.

INFLAMMATION OF THE WOMB.

The symptoms of this disease are almost identical with those of catarrh of the womb, but are much more intense. The local symptoms are chiefly, pain in the lower part of the back, extending around the body; weight, or dragging-down feeling in the bowels; pain just above the pubic bones, with tenderness on pressure; frequently, various symptoms relating to the bladder. In most cases there is more or less disturbance of digestion, leucorrhœa, constipation of the bowels, headache, nervousness, and general debility.

This disease, like the preceding one, has long been mistaken for an inflammation, which its name really implies, but which does not in reality exist. The condition commonly known as chronic inflammation of the uterus is really congestion of the organ. In consequence of disturbance of the circulation in the womb, it becomes engorged with blood and speedily becomes enlarged, sometimes reaching a size three or four times as large as in health. As the result of the enlargement and increased weight, the organ settles down in the pelvis and thus prolapsus or



Fig. 1.



Fig. 2.

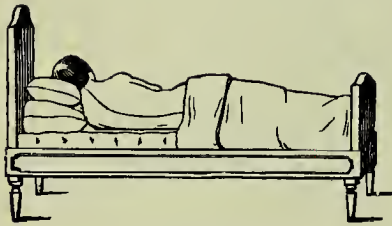


Fig. 3

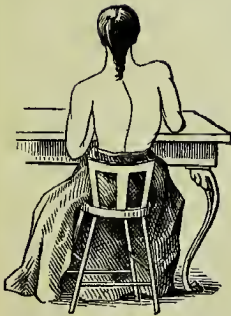


Fig. 4

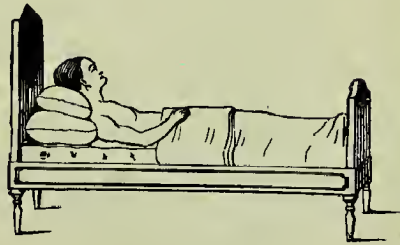


Fig. 5.

the neck of the womb against the vaginal walls, rub off the softened membrane and leave the tissues in a raw and irritable condition.

A large share of the cases which are mistaken for ulceration of the womb are cases of laceration of the cervix produced at childbirth. We have cured scores of such cases by a proper surgical operation after they had been treated unsuccessfully for many years by means of caustics and the other usual applications.

Treatment: When the abrasion or erosion is due to a rupture at childbirth, and is at all severe, an operation by a skillful surgeon affords the most speedy and certain means of cure. When due to simple congestion, catarrh of the womb, or prolapsus, these conditions must be cured. The treatment which will afford relief and effect a cure in the great majority of cases is the following: A sitz bath three or four times a week. Two hot vaginal douches daily. (See appendix.) The use of astringent injections or tampons, preferably the latter, at least three times a week. All the causes must be avoided. Sexual continence should be observed. Proper diet, dress, regulation of the bowels, and attention to all the laws of health are essential in securing a rapid and permanent recovery.

AMENORRHOEA, OR SUPPRESSED MENSTRUATION.

This is a condition in which there is absence of the usual menstrual flow. There are two classes of cases: those in which the flow fails to make its appearance at the proper time, and those in which the flow is suppressed after having once been established.

VICARIOUS MENSTRUATION.

In cases of amenorrhœa, it occasionally happens that a bloody discharge occurs at the menstrual period from some other part of the body than the uterus. This is known as vicarious menstruation. Such discharges have been observed to occur from the scalp, ear, nose, eyelids, cheeks, gums, salivary glands, lungs, stomach, breasts, abdomen, back, arm-pits, chest, navel, kidneys, bowels, legs, hands, and from wounds, sores, or ulcers. Hemorrhages from the stomach, breasts, and lungs are most frequent, and occur in the order named.

Treatment: The habit, when once established, is often difficult to cure, and frequently continues for many years in spite of treatment, sometimes resulting fatally. The measures to be employed are the same as recommended for amenorrhœa, with the usual means for checking the hemorrhage of the affected part.

MENORRHAGIA—PROFUSE MENSTRUATION.

There is no definite standard as to the length or quantity of the menstrual flow. When the flow is much more than usual, or so excessive as to produce weakness and prostration either at the time or after, it may be termed menorrhagia.

Menorrhagia may be produced by either plethora or debility. When resulting from plethora, the patient suffers with severe throbbing headache, pain in the back, and general symptoms of fever. When it

permanent, and occasionally a cure may be effected by the use of electricity alone.

Opium is very frequently resorted to in these cases, but it should be avoided as much as possible, as the opium-habit is very likely to be contracted. We have met a number of cases in which the habit was acquired in this way. If anodyne remedies of any sort must be used, gelsemium, hyoseyamus, and conium are much to be preferred. These remedies should not of course be used unless prescribed by a physician. We seldom find it necessary to resort to their use, almost invariably securing relief by the measures described.

CONGESTION OF THE OVARIES—OVARIAN IRRITATION.

The symptoms of this disease are tenderness in the groin, pain in standing or walking, more or less continuous pain, aggravated at the menstrual period, which is generally ushered in by a chill, followed by a fever resembling that of ovarian inflammation.

This condition is frequently called chronic inflammation of the ovaries, and is often accompanied by enlargement of the organ which, in consequence of some sudden jar or unusual strain, becomes dislocated or prolapsed. Ovarian irritation often produces a reflex effect upon the system. It is a frequent cause of obstinate dyspepsia, especially of the nervous form, accompanied by spinal irritation, and painful headaches, and in some cases of serious mental disease, finally amounting to insanity. Hysteria and a pecul-

tion; in very bad cases, protrusion of the organ; symptoms sometimes absent.

In addition to the above symptoms, there is generally more or less impairment of the general health, constipation of the bowels, deranged digestion, headache, especially at the top of the head, and general debility. The condition of the organ may be seen by reference to Plate XIII.

Falling of the womb is a very common affection, especially among women who have borne children. It also occurs in women who have never been pregnant, as the result of tight lacing, wearing heavy skirts suspended from the hips, and fashionable dissipation. Prolapsus is sometimes induced by a sudden jar or fall; but it is most commonly preceded by chronic congestion of the organ, by which its weight is very greatly increased, and becoming too heavy to be held in place by its natural supports, it settles down in consequence. Prolapsus is also the result of violent muscular exertion, rupture of the perinæum in labor, and of getting up too soon after childbirth. Every cause which tends to produce disease of the sexual organs in females, may occasion prolapsus. The immediate cause in chronic cases, and that which presents the greatest obstacle to successful treatment, is relaxation of the natural supports of the organ.

Treatment: The usual treatment for prolapsus consists almost exclusively in the application of supporters of various kinds. The amount of ingenuity which has been displayed in the construction of devices of various sorts for the purpose of restoring a prolapsed uterus to its natural condition, is not sur-

ANTEVERSION.

In anteversion, or forward displacement, the womb is tilted forward against the bladder at the same time that it retains its usual form. The organ is naturally tilted forward to a considerable degree, so that anteversion is simply an exaggeration of its natural state. (See Plate XIV.)

The particular symptoms which arise from this form of displacement are painful and frequent urination; aching pain just above the pubic bones; in some cases pain in moving the bowels, and inability to walk or to be upon the feet on account of the aggravation of the local pain.

The principal causes of anteversion are enlargement of the womb, violent efforts, as in lifting, jumping, straining, and especially tight lacing; the last-named cause is undoubtedly one of the most common of all. Anteversion may also be the result of weakening of the supports which sustain the uterus in position, which may arise from general weakness of the whole system or from laceration of the perinæum.

Treatment: The first matter to be attended to is removal of the cause. This will require attention to the suggestions made for the same purpose with reference to chronic congestion of the uterus. Sitz baths and hot douches should be thoroughly employed. The patient should remain as much as possible in a horizontal position upon the back. A surgical operation is sometimes necessary, in order to effect a radical cure. Much harm has often resulted from depending upon the use of pessaries in these

the stools are hard and dry, benefit will be derived from the use of a small water enema, or an enema of three or four tablespoonfuls of sweet-oil on retiring at night. The bowels should not be allowed to move when the contents have become hardened by long retention without taking a large enema.

Wearing the moist abdominal bandage at night, or even night and day for a week or two at a time, is another very serviceable measure. Free water drinking to the extent of six to ten glasses a day is also to be recommended. Of all measures, however, aside from diet, the most reliance may be placed upon massage of the bowels, thoroughly and systematically administered. In obstinate cases the bowels should be kneaded half an hour three times a day, as directed in the appendix. By means of the simple measures mentioned above, we have relieved cases in which there had been no natural movement of the bowels for from ten to twenty years, the patient having been wholly dependent upon cathartics.

BACKACHE.

This is one of the most constant symptoms of disease of the womb and pelvic organs. Though not a disease of itself, it is so prominent and so troublesome as a symptom that we give it separate notice. The pain is usually described as a dull, constant ache, located in the small of the back or across the hips, often extending around to the front of the body. It is most severe when the patient has been long upon the feet in standing or walking.



FIG. 1. Copied from a fashion plate.

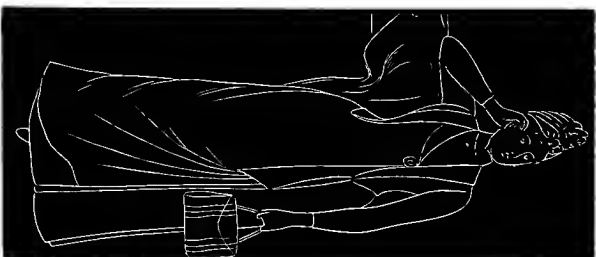


FIG. 2. A healthfully dressed woman.

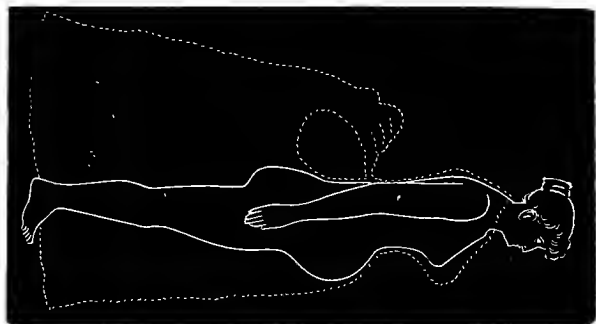


FIG. 3. An unnatural woman attempting to conceal defects.

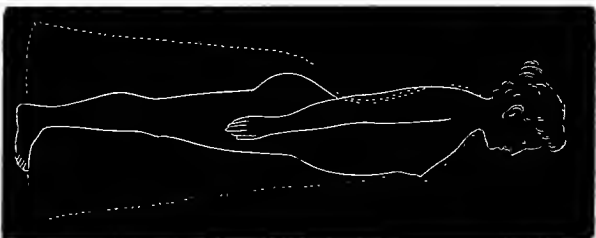


FIG. 4. A natural woman whose figure requires no appendages.

PLATE K.

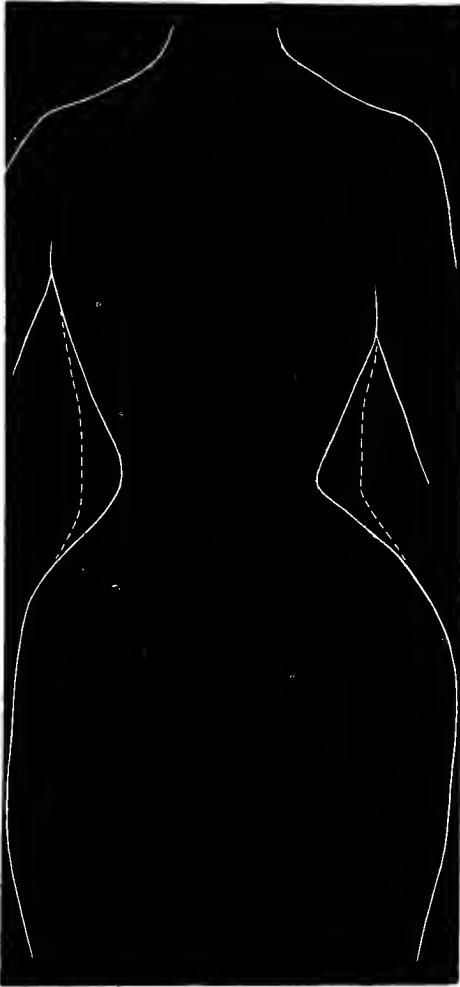


FIG. 1. Young woman in corset.



FIG. 2. Results of the corset.

PLATE XIX.—RESULTS OF TIGHT LACING.

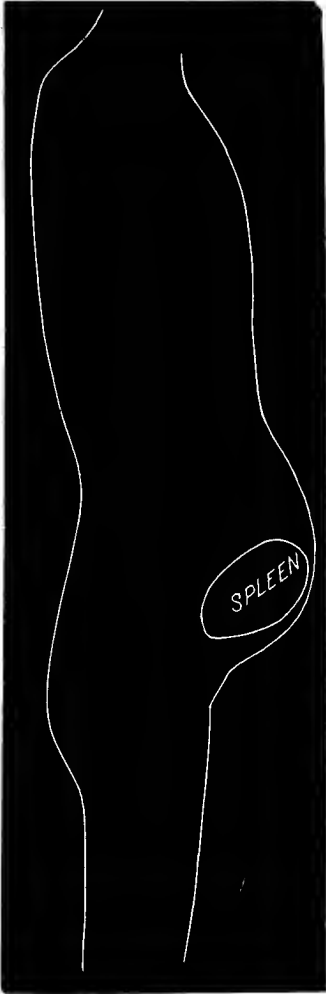


FIG. 1.

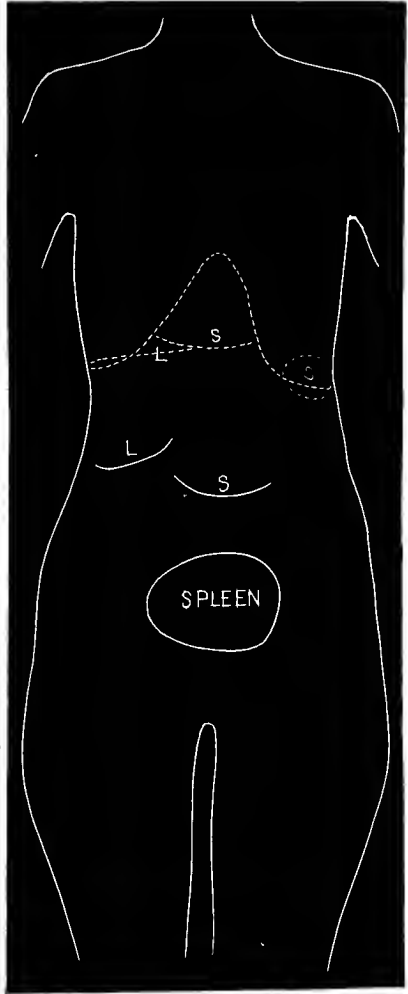


FIG. 2.

PLATE XX.—RESULTS OF WEARING HEAVY SKIRTS.

may be profitably applied to the body in general in a manner and of sufficient strength to secure contraction of the muscles over the whole body, especially those of the arms and legs. Massage should also be administered in a thorough manner daily. This last measure is one of the most important.

RUPTURE OF THE NECK OF THE WOMB.

This accident is the result of childbirth, in consequence of unnatural rigidity of the womb, excessive size of the head of the infant, malposition, the use of instruments, precipitate labor, and perhaps from other causes. A tear may occur in the neck of the womb without the patient's being aware of the accident at the time. If the difficulty is not discovered and remedied, the usual result is, that, instead of making a rapid recovery after childbirth, the patient remains weak for a long time, and is perhaps confined to the bed on account of the pain and inconvenience occasioned when she attempts to get upon her feet and walk about. She suffers with all the symptoms of congestion of the womb, and after a time suffers with prolapsus, or some form of displacement. Menstruation is likely to be very profuse. This condition often goes undiscovered, even when the patient resorts to a physician for examination and advice. The majority of cases of laceration of the cervix, or neck, of the womb, are treated for ulceration. When the physician makes an examination, he finds the lips of the womb enlarged, gaping, rolling outward, congested, and often covered with granulations. Too often these symptoms are mistaken for inflammation

ulent, or bloody—painful urination, retention of urine difficult or painful defecation,—these are the leading symptoms of tumors of the womb, although all these symptoms may be present without the existence of a tumor. When the tumor has reached a considerable degree of development, it may be felt through the abdominal wall; but its presence cannot be determined with certainty except by careful examination by an experienced physician.

Little is known of the cause of uterine tumors, except that they are most likely to occur in persons who have been exposed to the causes of other uterine diseases. They are also more likely to occur in women of middle age or past that period than in young women. A polypus of the womb is shown on Plate C.

Treatment: When either fibroid tumors or polypi are developed on the interior of the womb, nature often effects a cure by causing the tumor to slough off, either *en masse*, or by piece-meal, the dead tissue being expelled. It is often observed that absorption of fibroid tumors takes place after the change of life. The greatest care should be taken to avoid all causes of uterine excitement or congestion. On this account, single persons should not marry, and the married should observe the strictest continence. At the menstrual period, or when suffering with hemorrhage, the patient should receive the same treatment advised for "Profuse Menstruation" and uterine hemorrhage. Rest in bed with hips elevated and knees drawn up, and the hot water or alum douche, are especially valuable. The hot vaginal douche should be

A floating tumor is simply a kidney which has become dislodged from its proper position. The organ seems to be able to perform its functions nearly as well when moving about as when quietly at rest in its proper position.

Treatment: A radical cure cannot be effected; but much may be done to relieve the unpleasant dragging sensation which is usually experienced in connection with this condition by toning up the abdominal walls, for which nothing is better than the daily application of electricity or the alternate hot and cold spray to the abdomen. A silk elastic bandage is also a most effective means for use in cases in which the relaxation is too great to be overcome by the measures of treatment suggested. In a case which we have recently had under treatment, the difficulty apparently disappeared altogether after three or four months.

CANCER OF THE WOMB.

The usual symptoms of this horrible and often incurable malady are as follows: Very profuse watery discharge, of a dirty, pale-green color, always offensive, usually putrescent; sudden, and, in the later stages, frequent attacks of hemorrhage; severe local pain at night at first, in later stages constant; disturbances of digestion, nausea and vomiting; irregular action of the bowels; great mental depression; rapidly increasing debility; sallow countenance; when examined, the womb is found to be enlarged, nodular, fixed by adhesions in the pelvis so as to be immovable.

considerably developed, cancer shows its real character by the enlargement of the lymphatic glands of the neck and armpit of the affected side, and by retraction of the nipple, which does not occur in non-malignant tumors. Cancers seldom occur under thirty, while other tumors may appear at any age after puberty, and are most frequent under thirty and in single persons.

Treatment: For overgrowth of the gland, the causes should be removed and pressure applied to the breast by means of adhesive straps or a well-placed bandage. Pressure is one of the best means of checking the growth of all forms of tumors of the breast, not excepting cancer. The best mode of applying pressure is by means of an air-bag held firmly in position by a bandage. Compressed sponge, that is, sponge dried under pressure, is also a useful means. In the absence of either, a simple pad of cotton or wool may be applied over the tumor. The application of ice-bags when there is much heat, is a commendable measure of treatment.

When the tumor becomes troublesome by reason of causing pain, or inconvenience on account of its size, it should be removed. This may often be done by a skillful surgeon in such a manner as to leave scarcely any trace of the operation.

CANCER OF THE BREAST.

This is one of the most frequent and most formidable of all the forms of cancer. The following are the leading symptoms: a sharp, throbbing, lancinating pain often shooting down the arm; a sense of weight

NERVE-TIRE AND VARIOUS NERVE AILMENTS.

While it is undoubtedly true that many of the nervous symptoms so common among women, the neuralgias, headaches, backaches, nervousness, fidgets, hysterias, etc., etc., are due to local ailments of the womb and ovaries, it is quite an error to suppose that these organs are responsible for all the manifold symptoms which are not infrequently found associated with a greater or less degree of local disease. We have no sympathy with the fashion which is becoming quite too prevalent among physicians, in accordance with which the slightest degree of local disease is considered sufficient to give rise to an infinite number and variety of remote symptoms, and is accordingly made the chief point of attack with a formidable array of tampons, pessaries, lotions, suppositories, etc., with the expectation that all the harassing symptoms in head, spine, stomach, and other organs will take their departure as promptly as if dispelled by a magician's wand. That disappointment usually follows this plan of treatment is evidenced by the hundreds of invalid women who spend their lives in drifting about from one specialist to another until they become disgusted with life, and are in not a few instances absolutely worn to death. Having met scores of such cases, we feel justified in taking this view of the case. Nerve-tire, or exhaustion of the nervous system, is one of the most common causes of uterine and ovarian disease. Constant overwork or worry, too much excitement, too little physical ex-

A FEW PRACTICAL SUGGESTIONS.

Perhaps a few concise suggestions of a general character should be added to the general and special advice given in the preceding portions of the book respecting the treatment of the various ailments peculiar to the sex, which have been described. First let us emphasize the importance of early attention to local derangements, even though they may be quite slight in character. Nearly all serious maladies of a chronic nature have small beginnings, the first indications of disease being but slight departures from the normal condition. The first symptom of beginning local disease may be a slight leucorrhœal discharge, at first continuing a week or two after the menstrual period, and then becoming continuous from one period to the other, or the patient may observe some slight irregularity of the menses, as a too profuse or too prolonged flow, lengthening or shortening of the interval between the menstrual periods, or an unusual degree of nervous prostration or pain at the menstrual period. In other cases, a pain in the back, especially when the patient is upon her feet, will be the first indication of a departure from health. Sometimes there is no local symptom whatever, but instead, some nervous disturbance, as despondency, or excessive nervousness without adequate cause, perhaps hysteria, fretfulness, confusion of mind, and constant headache, particularly at the top of the head. Sometimes the pain in the back may extend to the whole spine, but it is usually felt most

APPENDIX.

Diseases of Children.

WE have not space in this volume for an extended treatise on the disorders of infancy and childhood, and can only consider in the briefest manner possible the simple measures of treatment which are adapted to home use in the most common of the various maladies incident to the earliest years of life.

Hints about the Diet of Children.—As most of the disorders specially common to infancy arise from bad feeding, it is appropriate to commence this section with a few hints respecting the dietary of young children. We may begin by saying that nearly all the advice generally given by “old nurses” is wrong. There is no department of the nursing art in which so little common sense is usually displayed as in this. The suggestions offered below are chiefly quoted from the “Home Hand-Book,” a larger work in which this whole subject is considered at length.

As a general rule, an infant should be fed once in two or three hours during the day-time, and once at night until one month old. After this time it should not be fed at night, and it should take its food no more frequently than once in three hours during the day-time until four months of age. Between four and eight months, the intervals should be gradually prolonged to four hours. After this time the fourth meal should be gradually dropped off, so that at twelve months the child will take its food but three times a day.

In order to break children of the habit of eating in the night, when mothers have been in the habit of nursing them at all

the age of eight or ten months the child may be fed bread and milk, or oatmeal porridge once a day, this article being substituted for mother's milk.

Convulsions.—This is one of the most alarming of the diseases of infancy, but is not often fatal. The treatment should be prompt and energetic. Plunge the child as quickly as possible into a hot bath, pouring cool water upon the head and chest. When the convulsion is the result of indigestion, the child should be made to vomit, if possible, by drinking warm water or half a glass of water into which a teaspoonful of mustard or powdered alum has been stirred. When constipation and flatulence are the cause, give an enema of soap-suds. When the fontanel is prominent or bulging, the cold applications to the head should be very vigorous; ice may be used. When there is considerable fever, cool sponging of the body should be employed, together with cold injections into the bowels. When the fontanel is depressed, showing lack of blood in the brain, the convulsion may sometimes be relieved by inverting the child; that is, turning its head downward. This is often recommended indiscriminately for convulsions, which is a grave error, as it might produce a fatal result in convulsions produced by congestion. The application of hot fomentations to the head is also useful in these cases. "Inward fits" are relieved by fomentations to the bowels, hot enemata, or giving the child a few teaspoonfuls of water containing a drop or two of peppermint essence.

Night Terrors.—Give a hot bath, with cold to the head, an enema of soap-suds or warm water, an emetic when the stomach is loaded with undigested food, and fomentations to the bowels when distended by gas. A teaspoonful of powdered alum or mustard in half a glass of water will produce prompt emetic effects, if the child can be made to take it. Avoidance of excitement, simple food, out-of-door life, and gentle treatment are important as preventives.

Pain in the Bowels.—Very common in young infants, the symptoms being, moaning cries, corners of mouth drawn down, twitching of face during sleep, bloated abdomen. Regulate diet carefully, keep limbs and extremities warm and bowels open by resort to enema when necessary, and apply hot fomentations to

sired. During the disease, a simple but nutritious diet should be allowed, but stimulants of all kinds should be prohibited. Milk, fruits, and grains may be taken in sufficient quantity to satisfy the patient's appetite, but meat should be prohibited. Good ventilation of the sick-room should be maintained throughout the disease, and care should be taken to prevent, so far as possible, the contraction of the disease by those who have never had it.

German Measles.—This disease so closely resembles the preceding in character that the treatment is essentially the same.

Whooping-Cough.—When the disease is prevalent, special care should be taken to prevent children from taking cold, as this is the most active predisposing cause. Good ventilation with uniform temperature, are essential conditions, but not easy to secure in all cases. Fomentations to the chest, hot and cold applications to the spine, and a warm blanket pack three or four times a week are among the most useful measures of treatment. The inhalation of warm steam is also useful. Nothing is needed in the line of medicine more than a little saleratus water prepared as follows :—

Saleratus, half a teaspoonful; water, a large cupful; flavor with a little sugar and cinnamon or wintergreen essence. Take three or four times daily. The child should be urged to restrain the cough as much as possible.

Diphtheria.—This disease appears in three forms : catarrhal, croupous, and malignant. The symptoms of the first form are so slight that the disease may be easily mistaken for an ordinary sore throat, and, indeed, in some cases it may be impossible to distinguish readily between this form of the disease and a simple inflammation. The symptoms are as follows : slight fever; malaise; dryness in the throat, with slight pain in swallowing; glands of throat swollen; mucous membrane red and covered with small grayish-white or whitish-yellow spots; frequently nausea and vomiting. When an epidemic of diphtheria is prevalent, many cases present the above symptoms with none more serious, making a good recovery within a few days; but it should be recollected that a mild case may give rise to a more serious form of the disease, or may develop, in time, symptoms of a more serious character.

The most prominent symptoms of the croupous form are as follows : all the symptoms of the simple or catarrhal form intensified ; more severe fever ; great heat in the head ; confusion of mind ; intense pain in the throat ; one or more whitish patches to be seen on the mucous membrane of the throat, adhering so tenaciously that when torn off the surface bleeds ; a peculiar, offensive odor of the breath ; tongue heavily coated. The membrane which appears in this form of the disease may extend over the whole throat, and even into the nasal cavity and larynx. It has appeared upon the mucous membrane of the eyes, and upon portions of the body where the skin has been denuded, as well as over the whole intestinal tract. When the larynx is affected, the symptoms of true croup are added to those of diphtheria.

In the malignant form, we have added to the foregoing symptoms, an extreme degree of prostration ; weak and slow pulse ; sodden face ; neck greatly swollen, with its skin shiny ; exceedingly offensive breath ; extensive false membrane ; and an almost irresistible fatal tendency. When the malignant form is assumed, the disease progresses so rapidly that death often occurs within a few hours from the beginning of the attack. The whole system seems to be invaded by the germs which give rise to the malady, and there is no time for anything to be accomplished by remedies. As just intimated, the disease is believed to be due to the invasion of the system by certain poisonous germs, the character of which has been the subject of much careful study.

TREATMENT : The increasing prevalence of this disease and its alarming fatality make it important that every mother should know something of its nature and the best way to manage it. Give simple diet, preferably milk and gruels. Control the fever by cool sponging. At the outset of the disease, apply ice to the throat, and give the patient small bits of ice to swallow very often. When the membrane begins to loosen, use steam inhalations, and hot fomentations to the throat. Solutions of carbolic acid and chlorate of potash, and the solution of chlorinated soda, are also useful remedies which may be used with the atomizer. Lime-water and vinegar may be used with benefit to aid in dissolving the membrane.

Prescriptions for several excellent lotions to be used in the

treatment of this malady, may be found under the head of "Miscellaneous Remedies and Prescriptions."

We ought to add that this disease is of so serious a nature that a competent physician ought to be called in every case as soon as the nature of the malady is recognized, or where there is doubt as to its character. Attention should also be called to the fact that the disease is extremely contagious, and consequently that the greatest precaution should be taken to prevent its extension to other members of the family, or to other persons in the neighborhood. The patient should be placed in a room secluded from the rest of the house, and should be visited only by the nurse and physician. The case should be promptly reported to the health officer of the city or district, so that the public may be properly warned. Disinfectants should be used for the purpose of destroying the infectious character of the discharges of the patient. They are best applied by being placed in the vessel in which the discharges are received, so that the latter may be rendered harmless at once. After the patient has recovered, the same measures of disinfection mentioned in connection with the treatment of scarlet fever should be employed. Several disinfectant lotions are mentioned in the section to which the reader has already been referred for prescriptions used in this disease. More complete directions for treating this disease will be found in our larger medical work. *

Scarlet Fever—Scarlatina.—Mild cases require only a simple diet, thorough ventilation, the use of tepid sponge baths, and cool compresses to the bowels or wet sheet packs, and perhaps cool enemata, and other measures for reducing the temperature, together with good nursing. If the eruption is a little slow in making its appearance, or shows a tendency to recede after it has appeared, a warm full bath and sponging of the skin with hot water or hot and cold sponging, together with warm drinks, are the measures to be employed. When the other symptoms are very severe, ice compresses should be applied to the throat if possible, and the patient should be given pieces of ice to hold in the mouth. When the breath is very foul, a solu-

* "The Home Hand-Book of Domestic Hygiene and Rational Medicine."

tion of chlorate of potash, two or three drams to the pint, or permanganate of potash, half a teaspoonful to the pint of water, may be used as a gargle. Severe cases, and all cases in which complications occur, should be placed under the care of a skillful physician.

During the illness, the greatest pains should be taken to prevent the communication of the disease. After recovery, everything in and about the sick-room should be burned or thoroughly disinfected. Burning sulphur, used for bleaching purposes, is the best disinfectant for use. To disinfect the room, place a few shovelfuls of wet sand on the floor in the middle of the room. Place in the sand near together several bricks, and on the bricks two or three hot stove-covers, bottom upward. Put the sulphur on these, and there will be no danger of fire. A hot iron kettle answers equally well. Use two ounces of sulphur to each one hundred cubic feet of air to be disinfected. Close the room tightly for twenty-four hours, then ventilate for two days, and scrub and repair the walls.

Chicken-Pox.—This disease is so rarely fatal that little more than good nursing is required. The child should be kept quiet, and when the fever is high, the body should be cooled by tepid sponging or cool compresses applied over the bowels and changed frequently. The diet should be light until the fever is entirely subdued.

Infantile Dyspepsia.—The symptoms of dyspepsia, or indigestion, in infants are: vomiting; diarrhea; constipation; alternate constipation and looseness of the bowels; green or clay-colored stools; sour or fetid stools; curds in the stools; emaciation; irritability; moaning cry; feverishness; capricious appetite; and various symptoms which are usually attributed to worms.

A great share of the various illnesses from which children suffer are due to disorders of digestion. Indeed, a great share of the fatality during the first five years of life may be fairly attributed to derangement of the digestive organs, either directly or indirectly. Of the various symptoms mentioned as indicating disorder of digestion in a young child, vomiting is the most common. When the contents of the stomach are acid in consequence of fermentation, the vomited matters are sour. This

common salt should be added to the water, as directed under the Miscellaneous Prescriptions. An enema of sweet-oil is also effective.

In addition to the above measures of treatment, all useful means for improving the general health, such as saline baths, general massage, sun baths, inunctions, exercise in the open air, etc., should be carefully employed.

Diarrhea.—This is by far the most common of all the ailments of infants and small children ; and during the months of July, August, and September, it is responsible for a very large proportion of all the cases of death among this class. The bowels naturally move much more frequently in infants than adults, the number of daily movements varying from three to six. The stools should be deep yellow in color, of the consistency of thick gruel, and nearly or quite odorless. Any great departure from these characteristics should be considered abnormal and demanding of attention. While the teeth are coming, there will often be a slight tendency to diarrhea, which need not give rise to alarm, as it is productive of no injury.

The symptoms of diarrhea in young children are, in addition to increased frequency of stools, solid, curdy, green, bilious, mucous, or bad-smelling stools ; pain, as shown by the drawing up of the legs ; in chronic cases, pale, haggard countenance, emaciation, enlarged and tender abdomen, red and glazed tongue, pasty stools.

TREATMENT : Errors in diet should be carefully sought for and removed. Sometimes it is necessary to substitute farinaceous food for milk for a few days. This is especially the case when the motions contain many undigested curds with mucus, showing intestinal irritation. Of farinaceous foods, the best is well-boiled oatmeal gruel, carefully strained through a cloth. Sometimes graham gruel, prepared in the same way, is preferable. Broths, soups, beef tea, and similar foods must be strictly forbidden. The persistent use of beef tea is often productive of diarrhea. When the discharges are very sour and frothy, the use of lean, raw meat may be resorted to with benefit. The meat should be prepared by scraping out the pulp of a piece of tender steak with a table knife. When thus used, meat

useful in obstinate cases ; but it is much better that these should be used only when prescribed by a physician, as much harm comes from the perpetual dosing, even with simple remedies, to which so many babies are subjected.

Dysentery.—The first symptoms are vomiting and purging, the action of the bowels being almost constant. The motions are at first natural, but soon become slimy and streaked with blood. The stools are passed with much straining and tenesmus. The desire to move the bowels becomes almost constant, and is not relieved by a passage. The pain increases ; the abdomen becomes swollen and tender ; the mouth becomes sore ; there is much restlessness, fever, and rapid emaciation ; the discharges become offensive ; and complications of the lungs or brain may occur. This disease is a grave one in small children, especially when epidemic, as is often the case. Its causes are foul air, sewer gas, impure water, bad feeding, insufficient clothing, and perhaps we should add excessive heat, dampness, and dentition, although we do not think the latter causes sufficient in themselves to occasion the disease in the absence of all the other causes mentioned. Feeding children unripe fruit, pastry, and foods to which their digestive organs are not adapted, must be regarded as among the most frequent exciting causes of the disease when there is no epidemic influence to which to attribute it.

TREATMENT : Warm baths, fomentations or large poultices to the bowels, and the hot or cold enema are the best measures of treatment to be suggested. The remarks about diet, etc., made in connection with treatment of diarrhea, apply, for the most part, to this disease as well. When other articles of diet fail, the use of meat juice should be resorted to. If the child does not begin to mend speedily, a careful and competent physician should be called.

Prolapsus Ani.—Prolapsus of the rectum is a not uncommon condition in small children. The condition is usually the result of habitual constipation of the bowels or severe attacks of dysentery or diarrhea, the child being neglected and allowed to strain for a long time. The use of purgative medicines is also a very common cause.

TREATMENT : The diet must be so regulated as to produce loose

movements of the bowels. Graham flour, cracked wheat, oatmeal, and a plentiful supply of fruit, particularly apples, figs, and prunes, should enter very largely into the dietary. The child should be made to relieve its bowels while lying upon its back, and each time the anus protrudes it should be bathed with cold water and pressed back with the oiled finger. When the prolapsed bowel does not return readily, the child may be held for a moment with the head downward. The bowels should be kneaded daily to encourage loose movement, and the general health of the child should be improved by a tepid sponging over the surface of the body. It is sometimes necessary to keep the child in bed with its feet raised upon a pillow for several weeks. After the anus has been once prolapsed, great care should be taken to prevent a recurrence of the condition. Chronic and severe cases sometimes require a surgical operation.

Incontinence of Urine, or Wetting the Bed.—The most common causes of this affection in children are the excessive use of liquids, lying on the back during sleep, loaded bowels, general debility, and the practice of self-abuse. It is sometimes also associated with other serious diseases, as gravel, and various diseases of the kidneys.

TREATMENT: The cause should be sought for and removed. When other causes have been removed, the quantity of fluid should be carefully restricted, especially during the latter part of the day, and the child should be prevented from lying upon the back by tying a roll of cotton or something of similar character over the spine in such a manner as to prevent the child from turning upon its back. In occasional instances the child may have fallen into the habit from carelessness or laziness. In such cases the proper remedy is, of course, correction.

Colds.—Young children are very subject to colds for several reasons. First, their skins are unusually active and vascular, containing a much larger proportion of blood than those of adults; second, they are usually improperly clad, the middle portion of the body being so clothed as to induce perspiration, while the arms and legs are left bare; third, they are rendered susceptible to cold air or draughts by being kept in too warm an atmosphere and not sufficiently exposed to out-of-door air. This suscepti-

bility to taking cold may be greatly diminished by accustoming the child to a daily bath at a temperature of about 75° to 80°. A little salt added to the water has a tonic effect upon the skin. The idea that such a bath is weakening has been proven fallacious in thousands of instances by sensible mothers who have adopted this plan of protecting their children from one of the greatest causes of fatal disease between the ages of two and five years. The habit of breathing through the mouth, which children are very apt to contract, may also be regarded as a frequent cause of taking cold, especially during the winter months. Children should be taught to inhale through the nose, the natural channel for the inspired air, as by passing over the large mucous surface the air is warmed before entering the lungs, thus preventing congestion, which might give rise to serious inflammation of the air passages, or to pneumonia.

TREATMENT: When a cold has been contracted, the child should be at once placed in a hot blanket pack, directions for which are found in this appendix. If the little one is restless, one or both arms may be left out, but should be well covered with a dry blanket. After twenty or thirty minutes, the patient should be taken from the pack, placed between dry blankets, covered warm to continue perspiration, and allowed to go to sleep. The inhalation of the vapor of warm water is very soothing to irritated mucous surfaces. If the throat is the part particularly affected, a local pack should be applied, which may consist of a towel wrung out of hot water until it will not drip, and then applied to the throat and covered with dry flannels of sufficient thickness to retain the heat. A pack should be applied to the chest in a similar way, when the cold seems to have settled upon the lungs. When the child has a hard, dry cough which is somewhat persistent, the blanket pack may be applied once a day for several days, and fomentations may be applied to the chest several times a day, the surface being rubbed with tepid water when the hot cloths are removed. Hot drinks of various sorts are useful to induce a perspiration during the pack, and also to encourage secretion of the pulmonary mucous membranes.

Nasal Catarrh.—This disease is the result of frequently neglected colds. It is most likely to make its appearance in an

effecting a cure by the use of proper local applications. When there is an abundant discharge, a cleansing lotion, followed by a lotion of an astringent character, should be used daily by means of the air atomizer. When the discharge is offensive, a disinfecting lotion should be used in addition to the cleansing and astringent lotions. When there is dryness of the membrane and scabs are formed, cleansing and stimulating lotions should be employed. A number of excellent preparations to be used in various forms of catarrh, are given in this appendix under the proper heading.

Earache.—This affection, so frequent in infancy and childhood, is by no means so trivial as is generally supposed. Children often cry for hours from the intense pain of earache, without the cause being discovered; and when the discovery is made, they continue to suffer for many hours longer for want of the application of the proper means for relief. Severe pain in the ear is generally due to inflammation of the middle ear, or eardrum, and when neglected, is likely to give rise to incurable deafness; hence the importance of giving prompt attention to the matter, and employing such measures as will prevent the frequent recurrence of the affection. One of the most ready means of affording relief is the application of heat. Either dry or moist heat may be applied, sometimes one and sometimes the other being the most efficient. The ear may be syringed gently with warm water with advantage. If the inflammation does not readily yield to this simple means, an ear specialist should be consulted. When a specialist cannot be obtained, the best physician near at hand should be summoned. Among the various domestic remedies, steaming the ear, poulticing with onions, or dropping into it a few drops of laudanum, are the most efficient. We noticed in Germany that acute inflammation of the middle ear is usually treated with excellent results by the application of ice to the ear. Ice controls inflammation, and fomentations relieve the pain. They may be used alternately with advantage, ice being applied most of the time, and fomentations once in an hour or two.

Discharge from the Ear.—A chronic discharge from the ear is usually found to be the result of acute inflammation ac-

accompanying scarlet fever, measles, and diphtheria, or of a cold. A discharge of this kind is almost always indicative of disease of the middle ear, with rupture of the ear-drum.

TREATMENT: The ear should be thoroughly washed each day with soap and water, or a solution of carbonate of soda in water, two teaspoonfuls to the pint, which should be carefully introduced into the ear by means of a syringe, the syringe having attached to its nozzle a short piece of rubber tubing so as to prevent any possibility of injury to the ear. The temperature of the water should be about 100°. After washing, powdered boracic acid should be blown into the ear with a rubber tube.

Sore Eyes.—The mucous membrane is red and swollen, and covered with a viscid secretion by which the lids are stuck closely together in the morning or when the child awakens from a long sleep. The white of the eye is very greatly congested, and the mucous lining of the lids has a velvety appearance.

TREATMENT: The eye should be protected from bright lights, and should be given as perfect rest as possible. A spray of tepid water should be used several times a day by means of the fountain douche. Small compresses wet in cold water and changed every few minutes, should be used when the inflammation is quite severe; and should it be very intense, the cloths should be cooled by laying them on blocks of ice. A solution of alum, one or two grains to the ounce, may be dropped into the eye once or twice a day with advantage.

Croup.—This very fatal malady is far less common than is generally supposed. It is perhaps slightly contagious, and rarely recurs in the same individual. It attacks most frequently children in their second year, rarely occurring after the fifth year. The leading symptoms are, during the first twenty-four hours those of an ordinary cold with slight sore throat; on the second day the cough becomes “brassy” or “clangey;” breathing is hard and prolonged, accompanied by a characteristic sound, of a crowing character; fever; great and constant distress for breath; eyes glassy and lips livid; inability to speak in a natural tone, voice being very hoarse or husky, or entirely absent. No attempt should be made to treat a case of this kind, without the aid of an experienced physician.

False or Spasmodic Croup.—This disease closely resembles the preceding in many points, and is often mistaken for it. Its chief points of difference are, little or no fever, spasmodic difficulty in breathing, with intervals of entire relief from the croupy symptoms, sudden appearance of the affection, usually at night, and as sudden disappearance. It generally begins with a slight cold.

TREATMENT: Hot and cold applications or fomentations to the throat, and hot and cold applications to the upper part of the spine. A sponge wrung out of hot water is a ready means of fomenting the throat. In the absence of hot water, the moist sponge may be heated by placing it upon a hot stove. An emetic of salt water or a half teaspoonful of powdered alum given in syrup or honey will sometimes aid in cutting short an attack.

Sore Mouth.—Of the several varieties of sore mouth to which young children are subject, thrush and aphthæ are the most common. The former is a parasitic disease, due to the growth upon the membrane of a vegetable fungus, appearing as small white spots scattered over the mucous membrane. Aphthæ appears, first as small blisters, which soon become small ulcers and show no tendency to heal. Thrush is most common in infants during the first six weeks of life. Aphthæ may occur at any period of life. The most common cause is disturbance of digestion by the use of sweets.

TREATMENT: Avoidance of causes, cleansing the mouth thoroughly by means of a moist rag after each feeding, and applying three or four times a day with a soft rag or a camel's-hair brush a solution of chlorate of potash, one-half dram to the ounce, or better still, a solution of borax in glycerine, one-half dram to the ounce. Attention should also be given to the general health.

Sore Throat.—The ordinary sore throat with which children are so apt to suffer as the result of taking cold, may be readily cured in most cases by the employment of hot fomentations or hot and cold applications to the throat two or three times a day, a warm bath, and a cold pack to the throat at night. The throat should be bathed in cool water in the morning, and should be well protected during the day. If taken in time, most attacks of sore throat will be cut short in a few hours when thus treated.

APPLICATIONS OF WATER AND ELECTRICITY.

Water, applied in the various modes in which it may be, is one of the most potent of remedies. Wrongly applied, it may be productive of great harm. The following are a few general rules which should always govern its use :—

1. Never bathe when exhausted or within three hours after eating, unless the bath be confined to a very small portion of the body.

2. Never bathe when cooling off after profuse sweating, as reaction will then often be deficient.

3. Always wet the head before taking any form of bath, to prevent determination of blood to the head.

4. If the bath be a warm one, always conclude it with an application of water which is a few degrees cooler than the bodily temperature.

5. Be careful to thoroughly dry the patient after his bath, rubbing vigorously, to prevent chilling.

6. The most favorable time for taking a bath is between the hours of ten and twelve in the forenoon.

7. The temperature of the room should be at about 85° or 90° F.

8. Baths should usually be of a temperature which will be the most agreeable to the patient. Cold baths are seldom required. Too much hot bathing is debilitating.

The Sponge or Hand Bath.—Soft water, a soft sponge, or a linen or cotton cloth, and one or two soft towels, or a sheet, are the requisites. The hand may be used in the absence of a cloth or a sponge for applying the water.

The temperature of the bath should not be above 95°, and 90° is generally better. Most people can habitually employ a temperature of 75° or 80° without injury, and some receive most benefit from a still lower temperature. The use of a much lower temperature is not commonly advisable, however, and is often productive of great injury.

Begin the bath, as usual, by wetting the head, saturating the

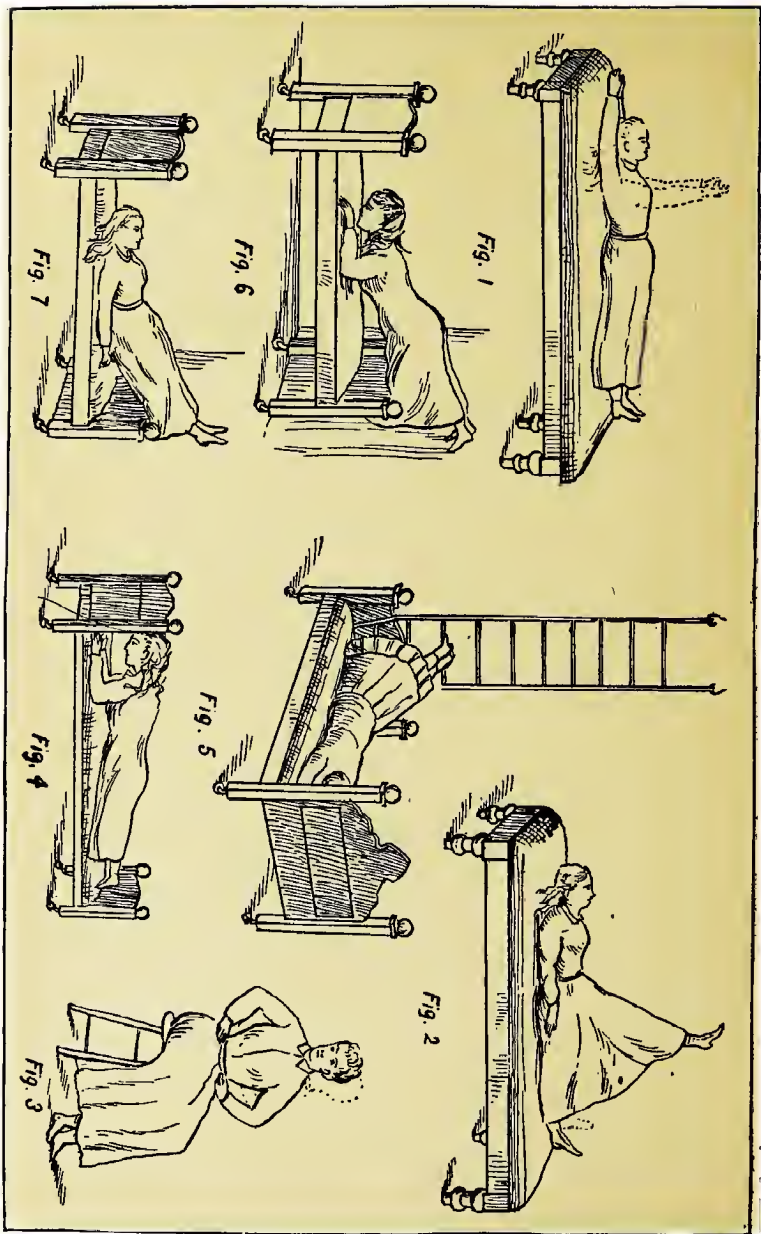


PLATE M.

perature must be such as will be most agreeable at first, being gradually increased. We have found that a temperature of 120° will be tolerated well after a few weeks. After introducing the catheter, empty the bladder and then connect the syringe tube, first being careful to see that all air has been excluded and allowing the fluid to run until the stream is of the same temperature as the contents of the syringe. Let the bladder fill very slowly, by regulating the height of the syringe. In case the bladder has become contracted, the reservoir must be raised higher from day to day, and the patient must be instructed to retain the contents of the bladder as long as possible.

Various medicaments should be added to the water used in the douche, according to the conditions present. An irritable bladder requires soothing remedies. If there is much mucus in the urine, astringents and alternatives are required. If the urine is acid, alkaline lotions must be used. The injections should never be strong enough to give pain, and should be introduced with great care. For ordinary cleansing, use a solution of common salt in the proportion of a dram of salt to the pint of water.

POSTURAL TREATMENT AND MASSAGE.

These two measures of treatment are invaluable as means of effecting a permanent cure of the numerous maladies which afflict womankind. By postural treatment we designate certain forms of exercise in which the body is placed in special positions or attitudes. We shall not attempt to describe all of the various modifications of special exercises which can be taken with benefit, but only such as we deem most important. The special object of these exercises is to strengthen the abdominal muscles and natural supports of the womb and to facilitate the restoration of the displaced womb or ovaries to their proper position.

To Strengthen the Muscles of the Trunk.—1. The patient should lie upon the floor or a hard couch or mattress. The feet should be placed together and the arms extended by the side. Now raise one arm to a vertical position. The motion should be made slowly, a deep inspiration being made at the same time, the arm returning to its position by the side as the lungs are

of the abdomen and extending upward to the ribs, across to the opposite side, thence down to a corresponding point upon the left side. Gentle percussion of the bowels, increased as the patient is able to bear it, is a good measure. Percussions may also be applied to the back with benefit. The exercise should be continued for fifteen to thirty minutes, and may be employed with advantage at least twice a day, preferably two hours after breakfast and after retiring at night.

Massage of the Womb.—This new application of massage has won many brilliant successes in the hands of skillful operators. There are three modifications of the treatment; external, internal, and the two combined. Only external massage can be properly employed by untrained persons. The operation consists in grasping the uterus between the two hands, first compressing it and then applying a rolling motion. This should be alternated every minute or two with an upward movement applied with both hands in such a manner as to lift the womb from the pelvis. To facilitate the treatment, the patient should lie with the hips elevated upon a pillow or cushion.

The movements should be applied with care and great gentleness at first, and no violence should ever be employed. The treatment may be continued from ten minutes to half an hour twice a day. The patient should rest in a horizontal position for half an hour after the conclusion of the treatment.



MISCELLANEOUS REMEDIES AND PRESCRIPTIONS,

The following prescriptions for medicated enemata will be found very useful for the purposes suggested, as we have abundantly proven by frequent use:—

Soap and Water Enema.—Make a pretty strong solution of castile soap in warm, soft water. Use one pint to two quarts as may be necessary to secure a movement of the bowels. Useful in obstinate constipation. In very obstinate cases, common soap may be used instead of castile soap, being more powerful.

Camphor Water Enema.—To half a glassful of water, add ten to thirty drops of spirits of camphor, and inject into the rec-

tum half an hour after breakfast,—a most valuable remedy when constipation is the result of want of sensibility of the lower portion of the intestines. In severe cases the same quantity of camphor-water should be injected into the rectum in the evening and retained during the night.

Glycerine Enema.—One to two tablespoonfuls of glycerine should be used, with three or four times as much water. It is of service in the same class of cases as the preceding.

Linseed Tea Enema.—Boil a handful of linseed in a gallon of water. Use as an ordinary enema. Useful in cases of hemorrhoids and fissure of the rectum.

Quassia Enema.—Prepare in the same way as the above. After washing out the bowels thoroughly, inject slowly as much as the bowels will hold. This is the very best remedy for “seat” or “pin” worms.

Starch Enema.—Half a teaspoonful of corn starch; two tablespoonfuls of water; stir until smooth; add half a pint of boiling water. Use two to four tablespoonfuls in administering medicine by enema.

Lotions for Use in Cancer of the Breast.—The following remedies are very useful for the purposes named, in the treatment of cancer of the breast:—

℞.	Ex. Bella.,	dr. 1.	
	Ex. Stramon.,	dr. 1.	
	Vaseline,	oz. 1.	M.

To be used as an ointment over the affected breast before ulceration has begun. Excellent to relieve pain arising from the rapid growth of the cancer.

℞.	Sugar of lead,	gr. 15.	
	Aquæ,	oz. 1.	M.

Apply three or four times a day to the ulcerated surface to relieve pain.

℞.	Chloral hydrate,	gr. 5.	
	Vaseline,	oz. 1.	M.

Apply to the ulcerated surface when foul smelling. Will correct the fetor and allay pain.

℞.	Iodoform,	dr. 1.	
	Acacia (pulv.),	oz. 1.	M.

Sprinkle over foul discharging surface for same purpose as preceding.

℞.	Permanganate of potash,	oz. 1.	
	Aquæ,	pt. $\frac{1}{2}$	M.

Add two tablespoonfuls to a pint of water and use by injections daily in cases of cancer of the womb with foul smelling discharge. Solution will stain linen and skin.

℞.	Ac. Carbolic,	f. oz. 1.	
	Glycerine,	f. oz. 4.	
	Aquæ,	f. oz. 10.	M.

Add two tablespoonfuls to a pint of water, mix well, and inject for same purposes as above. Does not stain.

℞.	Tannic Acid,	oz. 1.	
	Aquæ,	f. oz. 4.	M.

Inject to relieve hemorrhage in cancer of the womb.

For Sore Nipples.—The following are a few of the most efficient remedies for use in cases of sore or cracked nipples:—

℞.	Alum or Borax,	gr. 15.	
	Whisky,	f. oz. 1.	M.

Apply to surface twice a day when tender but not raw, for the purpose of hardening.

℞.	Zinc Sulphas,	gr. 10.	
	Aquæ,	f. oz. 2.	M.

Apply daily when slightly abraded or cracked.

℞.	Tannic Acid,	gr. 15.	
	Glycerine,	f. oz. 1.	M.

Apply after cleansing part, twice a day.

℞.	Tannic Acid,	dr. 3.	
	Glycerine,	f. dr. 1.	
	Aquæ,	f. dr. 2.	M.

Rub on nipple twice a day, during last month of pregnancy, to harden it and prepare for nursing.

Add to above preparation enough vaseline to make a thick ointment and build up around the nipple when cracked or sore.

Vaginal Lotions.—The following are a few of the most serviceable prescriptions for use by injection into the vagina in the treatment of vaginal and uterine affections:—

℞.	Tannic Acid,	oz. 2.	
	Glycerine,	f. oz. 1.	M.

Add a teaspoonful to a pint of cold water, and use daily after hot douche in mild cases of leucorrhœa.

℞.	Boracic Acid,	oz. 1.	
	Aquæ,	pts. 2.	M.

Inject one-half pint after hot douche daily, in leucorrhœa, particularly when there is an acid or irritating discharge.

℞.	Alum,	dr. 2.	
	Ac. Tannic,	dr. 1.	
	Aquæ,	pt. 1.	M.

Use after hot douche daily, in leucorrhœa or chronic congestion of the womb.

R.	Ex. Bella.,	gr. 4.	
	Tannic Acid,	gr. 12.	
	Sngar,	gr. 4.	
	White wax,	dr. 1.	
	Cacao Butter,	dr. 4.	M.

Melt and cool in four paper cones. Useful in cases in which there is pain accompanied by leucorrhœa. Also excellent for use by the rectum in cases of hemorrhoids. Use daily.

R.	Ex. Bella.,	gr. 4.	
	Iodoform,	gr. 20.	
	White Wax,	dr. 1.	
	Cacao Butter,	dr. 4.	M.

Melt and cool in four paper cones. This is one of the most useful prescriptions for the relief of pain.

For Bladder Douche.—The following are a few of the prescriptions which we have found of greatest service in the treatment of cases requiring the use of the bladder douche:—

R.	Common salt,	dr. 1.	
	Aquæ,	pt. 1.	M.

Excellent for simply cleansing the bladder, or distending it when contracted.

R.	Potass. Chloras,	dr. $\frac{1}{2}$.	
	Aquæ,	pt. 1.	

Useful for the same purpose as the preceding.

R.	Cider Vinegar,	f. dr. 4.	
	Aquæ,	pt. 1.	M.

Use when urine is alkaline, having an ammoniacal odor.

R.	Bi-carbonate of soda,	gr. 16.	
	Aquæ,	pt. 1.	M.

Use when urine is acid, or shows a brick-dust deposit.

R.	Tannic Acid,	gr. 16.	
	Aquæ,	pt. 1.	M.

Use in cases of chronic catarrh of the bladder.

R.	Boracic Acid,	dr. 1.	
	Aquæ,	pt. 1.	M.

Useful as a cleansing injection, and in cases of acute catarrh of the bladder.

R.	Ex. Hydrastis (aqueous),	f. dr. 2.	
	Aquæ,	pt. 1.	M.

Useful in chronic catarrh of the bladder. The strength may be increased by degrees.

For Constipation.—

℞.	Brown sugar,	Tablespoonful 1.	
	Water,	pt. 1.	M.

Use when there is want of desire for movement of bowels.

℞.	Common salt,	dr. 1.	
	Aquæ,	pt. 1.	M.

Use same as preceding.

For Catarrh.—The following are a few of the many prescriptions which we have found efficacious in the treatment of nasal and pharyngeal catarrh.

℞.	Borax,	dr. 1.	
	Bicarbonate of Soda,	dr. 1.	
	Glycerine,	f. oz. $\frac{1}{2}$.	
	Aquæ,	pt. 1.	M.

An excellent cleansing solution, to be used in cases of chronic catarrh as a preparation for the application of other remedies. Use with atomizer.

℞.	Chlorate of Potash,	dr. 1.	
	Aquæ,	pt. 1.	M.

Use with atomizer in cases of catarrh with an irritating discharge.

℞.	Tannin,	dr. $\frac{1}{2}$.	
	Aquæ,	f. oz. 10.	M.

Use with atomizer after cleansing solution in cases in which there is a profuse discharge.

℞.	Oil Eucalyptus	dr. $\frac{1}{2}$.	
	Oil Petrolina,	f. oz. 3.	M.

Use with atomizer in cases of dry catarrh.

℞.	Potass. Permanganate,	dr. $\frac{1}{2}$.	
	Aquæ,	f. oz. 12.	M.

Use with spray after cleansing solution in cases of ozena, or nasal catarrh with offensive breath.

℞.	Boracic Acid,	dr. 1.	
	Powdered Gum Acacia,	dr. 2.	M.

Use as a snuff in cases of catarrh with offensive discharges, after cleansing.

For Mouth and Throat.—The following prescriptions we have tested by experience, and know to be of real value in the treatment of the conditions for which they are recommended.

℞.	Borax,	dr. $\frac{1}{2}$.	
	Glycerine,	f. oz. 1.	M.

Apply with camel's-hair brush in thrush or aphthæ.

℞.	Chlorate of Potash,	dr. 1.	
	Aquæ,	f. oz. 4.	M.

Use as gargle in sore mouth or sore throat.

℞.	Acid Carbohc,	dr. ½.	
	Glycerine,	f. oz. 1.	
	Aquæ,	f. oz. 3.	M.

Apply to throat in severe diphtheria with fetid breath, by means of atomizer or swab.

℞.	Chlorinated Soda Solution,	oz. ½.	
	Aquæ,	f. oz. 3.	M.

Use as gargle or with atomizer in diphtheria when the breath is foul.

℞.	Acid Tannic,	gr. 10.	
	Glycerine,	f. oz. 1.	M.

Apply to back of throat with brush in cases of chronic sore throat.

℞.	Chloride of Sodium (common salt),	dr. ½.	
	Aquæ,	f. oz. 2.	M.

Inhale spray with atomizer three times a day for acute hoarseness from a cold.

℞.	Acid Tannic,	gr. 3.	
	Aquæ,	f. oz. 1.	M.

Inhale spray daily for chronic sore throat and hoarseness.

℞.	Alum,	gr. 5.	
	Aquæ,	f. oz. 1.	M.

Use for same purpose as the preceding.

Lime-Water.—

℞.	Best White Quicklime,	lb. 1.	
	Aquæ,	gal. 1.	M.

Let stand in earthen jar 24 hours, shaking occasionally. When settled clear, turn off the clear solution, and keep in a well-stoppered bottle. For use in treatment of infantile dyspepsia and diarrhea, and in diphtheria and croup.

Disinfectant Lotions.—

℞.	Copperas,	lb. 2.	
	Water,	gal. 1.	M.

Disinfectant lotion for use with scarlet fever and diphtheria patients, as directed.

℞.	Sulphate of Zinc,	lb. ½.	
	Aquæ,	gal. 1.	M.

Disinfectant lotion for cleansing cloths used in connection with diphtheria and scarlet fever patients.

℞.	Potassium Permanganate,	oz. 2.	
	Aquæ,	gal. 1.	M.

Keep in jug or glass bottle. A teacupful should be placed in the vessel which receives the discharges of a diphtheritic or scarlet fever patient.

Miscellaneous.—The following miscellaneous prescriptions include, among others, those which have been referred to in the preceding pages of this work :—

R.	Iodoform,	dr. $\frac{1}{3}$.	
	Vaseline,	dr. $4\frac{1}{2}$.	M.

Useful in cases of painful connection, or vaginismus. The ointment should be applied on a little plug of charpie, which should be gradually increased in size from day to day until the painful contraction is overcome. If the odor is very objectionable, a little Balsam of Peru may be added.

R.	Ex. Bella.,	dr. 2.	
	Vaseline,	oz. 1.	M.

Apply on charpie as directed for the preceding.

R.	Borax,	dr. 1.	
	Aquæ,	oz. 4.	M.

Apply to the vulva when irritable from inflammation, using lint or soft linen cloths for the purpose.

R.	Acid Boracic,	dr. 1.	
	Aquæ,	oz. 4.	M.

Apply same as preceding, and for same purpose.

R.	Ac. Carbohc,	f. dr. 1.	
	Glycerine,	f. oz. 1.	
	Aquæ,	f. oz. 15.	M.

Apply with lint or soft cloths in cases of inflammation of the vulva.

Salt Glow.—The external application of salt by rubbing dry salt upon the skin vigorously is one of the best methods of stimulating the circulation and proper secretion of the skin.



Useful Dietetic Recipes.

BREADS.

Soft Biscuit, or Waffles.—Into one part of cold soft water stir two parts of graham or whole-wheat flour. Sift slowly in with one hand while stirring with the other, thus endeavoring to get in as much air as possible. If flour made from red wheat is used, a little less water will be required. The batter should be thick enough so that it will not settle flat. If it is too thin, the waffles will be flat and blistered; if too thick, they will be tough and heavy. Bake in cast-iron gem-pans, in a very hot oven, though the heat should not be sufficient to brown them in less than fifteen minutes, and they are better to bake twenty-five or thirty minutes; a longer time toughens the crust. They should be baked on the top first, to prevent the escape of air and steam. The pans should be heated very hot before dropping the batter in. To prevent sticking, smear with sweet-oil or fresh butter, and when thoroughly heated, carefully wipe away as much as possible of the oil.

Rice Waffles.—Take one part of boiled rice to three parts of water, and stir in sufficient graham or whole-wheat flour to make a batter a little thicker than when the flour is used alone. Bake the same as described above. Hominy and pearl barley may be used in the same manner.

Oatmeal Breakfast Cake.—Saturate oatmeal of medium fineness with water. Pour the batter into a shallow baking-dish, and shake down level. It should be wet enough so that when this is done a little water will stand on the top. Bake twenty minutes in a quick oven. It may also be baked in fifteen minutes on the top of the stove in a covered dish.

Graham Breakfast Rolls.—Make a stiff batter with cold water, work in as much flour as will knead well, and then knead for twenty minutes or half an hour. Make into rolls one-half inch to two inches in thickness, and bake in a hot oven on a grate or baking-pan dusted with flour, laying them a little distance apart. Excellent rolls may be made by kneading flour into cold graham, cornmeal, or oatmeal pudding.

Rusk.—Bread and crackers may be made into granola by first drying till brown, and then grinding in a coffee or hand mill.

This is a very serviceable article for thickening puddings, soups etc. May be eaten with hot milk.

Graham Crisps.—Mix graham flour and cold water into a very stiff dough. Knead, roll very thin, and bake quickly in a hot oven. Excellent food for dyspeptics.

Oatmeal Crisps.—Into oatmeal mush, or scalded oatmeal, knead a small quantity of graham flour. Roll very thin, prick with a fork, and bake upon a grate. Be careful that they do not burn. They are very tender and crisp when warm. If they are kept several days, place in the oven a few minutes just before they are to be eaten.

Graham and Oatmeal Crackers.—No. 1. Equal parts of graham flour and oatmeal made as directed for graham crackers are very tender.

No. 2. Work graham flour into oatmeal mush, forming a pretty stiff dough, and kneading well. Bake in a moderate oven until nicely brown.

Diabetic Bread.—Make a dough of equal parts of flour and water. (The new-process spring wheat flour, whole-wheat flour, or graham flour should be used.) Let the dough stand three hours, then place on a sieve under a stream of water until all the starch is washed out, which will be indicated by the water running off clear. Add enough coarse middlings so that the dough can be rolled into thin cakes and bake on tins. Salt and a little cream or butter may be added to make it more palatable, if desired.

GRUELS.

Beef Tea and Oatmeal.—Beat two tablespoonfuls of fine oatmeal with two spoonfuls of cold water until very smooth, then add a pint of hot beef tea. Boil together six or eight minutes, stirring constantly. Strain through a fine sieve.

Milk Gruel.—Into a pint of scalding milk stir two tablespoonfuls of fine oatmeal. Add a pint of boiling water, and boil until the meal is thoroughly cooked.

Oatmeal Gruel.—Stir two tablespoonfuls of coarse oatmeal into a quart of boiling water, and let it simmer at least two hours. Strain if preferred.

Rice Gruel.—Soak two tablespoonfuls of fine rice for half an hour in cold water. Pour off the water, add a pint of milk, and let it simmer until the rice is tender. Press through a sieve, and

Sago Jelly.—Simmer gently in a pint of water two tablespoonfuls of sago until it thickens, frequently stirring. A little sugar may be added if desired.

DRINKS.

Tapioca Milk.—Put an ounce of best tapioca into a pint and a quarter of fresh milk, and let it simmer gently for two hours and fifteen minutes, stirring frequently. Sweeten to the taste.

Bran Tea.—Take three tablespoonfuls of bran (not very coarse) and put it in a jug. Add to it one quart of boiling water, cover the jug, and allow the mixture to stand for half an hour. Strain and sweeten to the taste.

Rice Water.—Put three ounces of good rice into a quart of boiling water, and let it boil for an hour. Strain, sweeten, and flavor with a little lemon.

Apple and Toast Water.—Peel and quarter a pound of sub-acid apples, bake them, and put them in a jar; add half a pound of sugar, and a piece of bread toasted until it is dark brown; then pour a gallon of boiling water over them, and leave them to cool. When cold, press through a colander. A quarter of a pound of pearl barley added instead of the bread is very good. It should boil for an hour to cook the barley.

Tamarind Water.—Take two ounces of tamarinds and one-fourth of a pound of stoned raisins; boil them in a quart and a half of water for an hour; strain, and when cold it is ready for use.

Currant Water.—Take the juice of one pound of fresh currants and a few raspberries, one-half a pound of granulated sugar and a gallon of cold water; stir till mixed well.

Toast Water.—Brown a few crusts a nice, deep brown, but do not allow to blacken or burn. Break into small pieces, and put into a jar. Pour over the pieces a quart of boiling water; cover the jar and let the mixture remain until cold. When strained, it will be ready for use.

Lemonade.—Mix the slices and juice of two lemons with three spoonfuls of refined sugar, and add a pint of cold or iced water.

Hot Lemonade.—Take two thin slices and the juice of one lemon; mix with two teaspoonfuls of granulated sugar, and add one-half pint of boiling water.

Beef Tea.—For every quart of tea desired, use one pound of fresh beef from which all fat, hones, and sinews have been carefully removed. Cut the beef into pieces a quarter of an inch square, or grind in a sausage-grinder, and soak over night in a small quantity of water (a pint will do). Take the beef out and let it simmer gently in a larger quantity of water for two or three hours, replacing from time to time the water lost by evaporation. Afterward pour together the boiling liquor and the cold liquid in which the beef was soaked.

ANOTHER METHOD.—Take a pound of fresh beef prepared as above, and mix with a pint of cold water. Let it stand an hour; then pour into a glass fruit-can, or large-mouthed stone jar, and place in a vessel of water; let it heat on the stove another hour, being careful not to allow it to boil. Strain through a fine cloth or filter before using.

Beef Juice.—Cut a pound of lean beef into small pieces, put into a bottle and cork it up; place the bottle in a dish containing a little cold water, and allow it to stand over the fire until it boils.

NUMBER 2.—Select a thick, tender piece of steak, free from fat. Hold over the coals for two or three minutes. Press the juice out with a lemon squeezer. Much more nourishing than beef tea or any variety of “beef extract.”

Milk Diet.—There are occasionally cases in which great advantage is gained by the employment of an almost exclusive milk diet. Usually it is necessary to take the milk in moderate quantity, using a little other food at first. In the course of a week all other food may be withdrawn, and the quantity of milk may be gradually increased to four quarts a day. Milk is easily digested, and hence may be taken at more frequent intervals than other food.

Lime-Water and Milk.—In case in which milk sours or forms large curds in the stomach, lime-water may be added in such proportions as may be necessary. A tablespoonful of lime-water to a gobletful of milk is usually enough, but some cases require at least one-fourth as much lime-water as milk.

The lime-water may be made by slacking in a gallon jar a piece of lime of the size of the fist. The jar should be kept covered. After standing over night to settle well, the lime-water is ready to be used. It can be decanted or drawn off with a syphon.

Koumyss.—Dissolve one teaspoonful of yeast and two teaspoonfuls of sugar in three tablespoonfuls of warm (not hot)

water ; pour into a quart bottle and add milk sufficient to fill the same. Let it ferment from three to six hours, cork tightly, and tie the cork in. Put in a cool place not above 60°, and let it remain a week, when it will be ready for use. It is much better and smoother to ferment slowly.

PREPARATIONS FOR NUTRITIVE INJECTIONS.

Pancreas and Meat Solution.—Take fresh beef pancreas, carefully remove all fat, cut two ounces (about two heaping tablespoonfuls) into very small pieces. Take of finely scraped or ground beef, also free from fat and sinew, double the quantity of pancreas. Mix with two-thirds of a teacupful of warm (not hot) water. Stir until well broken up. Inject into the rectum through a large tube. About half should be injected at once, and the injection should be made slowly, so as to prevent its discharge before absorption has taken place. If necessary, a napkin should be held against the anus until the disposition of the bowels to move ceases.

Pancreas and Cream.—Chop very fine three ounces of fresh beef pancreas. Add two tablespoonfuls of warm water and a teacupful of sweet cream. Mix thoroughly in a small pail. Cover and place in a pan of water blood-warm. Keep at this temperature for from one-half to three-quarters of an hour, stirring frequently. At the end of this time strain through a coarse colander, rubbing through as much as possible of the pancreas, and inject into the rectum. If the patient will not retain all at first, use half the quantity, keeping the balance in a refrigerator until needed for use. Then warm to the proper temperature and inject as before.

Beef Tea and Egg.—Beat lightly one egg with four tablespoonfuls of strong beef tea. Inject as directed before. This is the most nourishing of any preparation which can be employed for this purpose, and as it is easily prepared should be resorted to whenever a patient cannot be nourished by the stomach.

MISCELLANEOUS.

White of Egg.—Stir the white of an egg into a tumblerful of cool water, or water warm as it can be without coagulating the egg. Give to infants suffering from extreme disorder of digestion and unable to take milk. This simple mixture has saved many an infant's life.

Antiseptic Midwifery.

WITHIN the last thirty years it has been demonstrated beyond all reasonable doubt that a large share of the gravest complications of childbirth are due to germ infection.

The original source of germ infection may be the physician, the midwife, or the patient. It has not infrequently happened that case after case of puerperal fever has occurred in quick succession in the practice of a physician or a midwife, the infection being evidently carried from one patient to another by the medical attendant. It is known, however, that germs which are capable of producing inflammation, blood poisoning, and even death, are constantly found upon and about the external organs of generation ; they may even be found in the vagina. It is thus evident that infection may occur, even though the medical attendant be free from infectious germs.

The introduction of aseptic and antiseptic midwifery has resulted in the saving of many thousands of lives and of a vast deal of suffering, as not infrequently the inflammations which follow infection during childbirth give rise to pelvic disorders, which, if not immediately fatal, cripple a woman for life, generally rendering her sterile and a constant sufferer. Not infrequently it has fallen to the lot of the writer to be called upon to perform grave surgical operations for the removal of the Fallopian tubes and ovaries as the only means of relieving a patient who had suffered for half a score of years or more as the result of infection at childbirth.

It has been proven again and again in lying-in hospitals, as well as in private practice, that by sufficiently careful attention to the exclusion of germs it is possible to exclude fevers and inflammatory troubles following childbirth almost altogether ; so that in some cases many hundreds of consecutive confinements have been reported without a single death. This great

chemical substances used for the antiseptic solution. Water must be boiled thirty minutes. After boiling, it should be put into perfectly clean, new jugs, which have been previously boiled and corked up to be ready for use when wanted. It is better that the water should be freshly boiled; it should not, at any rate, be more than two or three days old.

2. Soap.—With the soap use a new nail-brush, or, if a new nail-brush cannot be obtained, the old one should be thoroughly boiled or soaked for twenty-four hours in a strong antiseptic solution; a 1-2500 solution bichloride of mercury is preferable. Ordinary yellow soap is better than toilet soap, and quite as good as any soap called antiseptic soap, since the amount of antiseptic contained in such soaps is not sufficient to be of any special value.

For applying the soap in shampooing the patient a handful of excelsior which has been boiled and made into a nice wad for the purpose, or a freshly boiled "loofah," should be used in preference to an old shampoo brush.

3. Antiseptic Solutions.—Of these, the best is corrosive sublimate. For use as a vaginal douche, a solution consisting of one part of bichloride of mercury to 5000 parts of water should be used. For external application, a solution of double strength should be used. It should be remembered, however, that this solution is highly poisonous, and never should be placed in contact with the eyes or mouth of the patient, nor introduced into the rectum; and whenever it is used in the vagina, at the conclusion of the application a quantity of boiled water should be introduced to remove it. For a 1-5000 solution, use three grains to the quart. When ordinary boiled water is used, and not distilled water, it is well to add a teaspoonful of salt to each quart to secure prompt and permanent solution. When solutions of corrosive sublimate are made up in advance, in fact, under all circumstances, it is important to add some coloring matter so that the solution, which is colorless, shall not be mistaken for ordinary water, and thus be inadvertently swallowed, as death may easily result from such an error. The best material to

vision of a physician or a trained nurse. In cases in which there is suspicion of disease of the kidneys, and in cases in which there have been extensive lacerations of the vagina or uterus, its use is accompanied by very great risk. It is also sometimes impossible to obtain this drug, hence it is important to know that there are other substances which can very well replace it. One of the very best of these is that which we shall next mention.

Sulphate of Copper.— This substance, commonly known as blue vitriol, is an excellent substitute for bichloride of mercury, or corrosive sublimate. It must, however, be used in much larger proportion. The quantity required for each quart is seventy-five grains or five drams per gallon. It may be used in the same way as corrosive sublimate, with the exception that it never can be used in connection with soap, with which it forms hard curds which adhere to the skin.

Permanganate of Potash.— This is an excellent germicide, and has the great advantage that it is almost wholly free from poisonous properties. It should be used in the strength of eight grains to the quart. It is preferable to all other substances in cases in which a fetid discharge is present either before or after confinement.

Boric Acid.— This substance has very feeble germicidal properties, but is, nevertheless, of some value, since it prevents the development of germs to a very considerable extent, even though it does not destroy them. It must be used, however, in a very strong solution ; one and one third ounces to the quart is the proper strength.

Preparations for an aseptic and antiseptic confinement ought to begin, if possible, at least a few days before the delivery. Everything about the lying-in room should be put in perfect order, and in the most sanitary condition possible.

Dusty carpets, rags, and drapery should be removed. The dust should be removed with moist or damp cloths, not with a duster. The bed should be provided with a freshly renovated mattress, freshly washed bedclothing, and everything should

be scrupulously clean. Old feather beds and straw beds must be removed.

Next comes disinfection. The nurse or attendant must, first of all, be sure that she has omitted no precaution necessary to secure absolute personal cleanliness. A thorough bath, clean clothing, and a thorough cleansing of the hands are requisites. More particular instruction upon further details are important.

Disinfection of the Hands.— Clean the nails as thoroughly as possible with a wooden or quill toothpick or some other suitable and not sharp instrument. Scrub the hands and forearms very thoroughly with hot soap suds, using ordinary yellow washing soap and a thoroughly aseptic brush, as indicated above. The water employed should be as hot as can be borne. Use plenty of soap, and give special attention to the nails, which should be cut short preparatory to the scrubbing.

After the hands have been thoroughly cleansed in this way, pour over them a small quantity of saturated solution of borax and carbonate of ammonia, rubbing in the solution well. Dip in boiled water for a second, then immerse in a hot 1-2500 bichloride of mercury solution for two minutes. In the absence of bichloride of mercury, use a permanganate of potash solution, eight grains to the quart. The forearms as well as the hands must be covered with the solution. A permanganate of potash solution will color the skin brown. If the brown color is uniform, it is an indication that the scrubbing has been well done and that all fat has been removed from the skin. If the skin appears mottled, the brown color not being uniform, the scrubbing should be renewed and the disinfection repeated as before. After the delivery is completed and the patient cared for, the brown color of the skin may be easily removed by bathing the hands and arms with a hot solution of oxalic acid.

The physician before examining the patient should cleanse his hands in precisely the same manner, and the nurse should renew the cleansing of the hands whenever they become soiled by contact with infected materials.

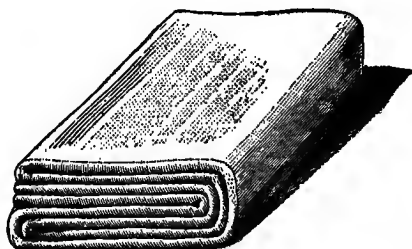


Fig. 1.

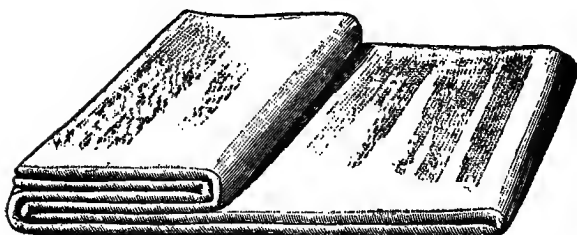


Fig. 2

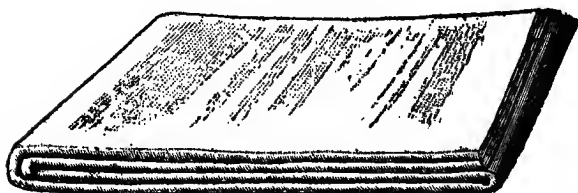


Fig. 3.

TARNIER'S OBSTETRIC CLOTH.

smaller ones may be used. They are placed under the patient in such a manner as to receive the discharges, being changed as often as soiled, and afterward burned.

Tarnier's obstetric cloth is a very convenient device ; it is shown in the accompanying cuts. It consists of a large cloth folded in such a way as to give the appearance shown in Fig. 1. This is placed under the patient during labor. It raises the hips and facilitates examination, and thus is a decided aid to the physician in his examinations and in the delivery of the child. At the beginning of delivery the first fold is brought down, as shown in Fig. 2. After delivery, while the patient is being cleansed, the second fold is brought down, giving the pad the shape shown in Fig. 3. By this means the highest degree of cleanliness is secured in the most convenient manner possible. This device is very popular in France, but has not yet been very extensively introduced into this country.

A few words must be said respecting the antiseptic treatment of the nipples. If sore, the nipples should be treated twice daily with a hot 1-5000 solution of bichloride of mercury, or a saturated solution of boracic acid, and dusted with subnitrate of bismuth or zinc oxide.

Intestinal Antisepsis.—Still another measure of great importance in securing immunity from unfortunate complications during childbirth, is intestinal antisepsis. This requires careful attention to the patient's condition and regimen for at least a number of days prior to confinement. A matter of the first importance in intestinal antisepsis is the dietary. This will exclude all such articles as meat, cheese, fish, oysters, pastry, pickles, coarse vegetables, and everything of an unwholesome or indigestible nature. The only flesh food at all allowable is a small amount of the white flesh of fowl. It is best to omit even this for at least a few days prior to the confinement. The most suitable articles of food are fruits of all kinds, grains simply prepared, ripe fruit of all sorts, either fresh or simply cooked, grains of all kinds, prepared in a simple and wholesome manner, purées of pease, beans, and other legumes, vegetable broths, eggs, buttermilk, kumyss, cottage

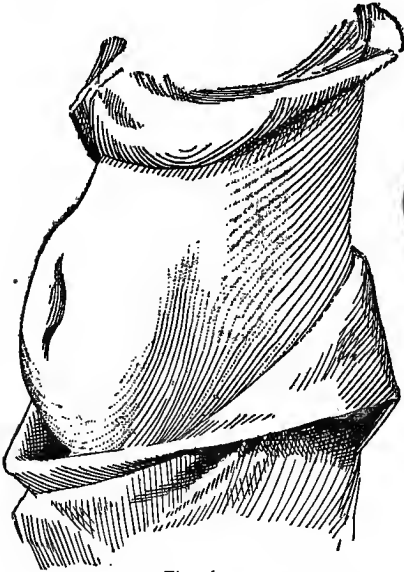
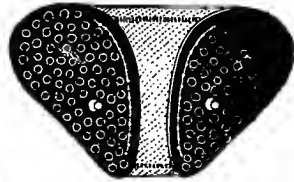


Fig. 4.



A

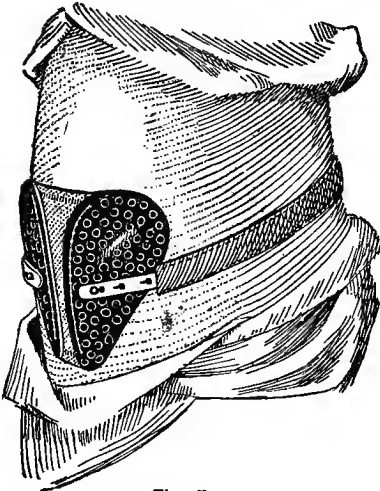
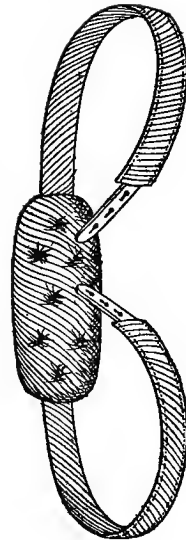


Fig. 5



B

Fig. 6.

THE NATURAL ABDOMINAL SUPPORTER.

viscera. Backache, from which so many women complain, is more commonly due to this cause than to any derangement of the pelvic organs, although displacements of the womb and ovaries and inflammation of these organs are very likely to follow displacement of the abdominal viscera.

As a precaution against this unfortunate consequence of the long-continued stretching of the abdominal muscles during pregnancy, and the inability of the undeveloped muscles to at once contract after childbirth so as to properly support the internal organs, it is important that artificial means should be employed for a time after confinement, to support the abdominal contents in place. Various abdominal supporters have been recommended for this purpose, but few have been found satisfactory. Supporters which are applied to the whole abdominal wall are unsatisfactory for the reason that the lower anterior portion of the abdomen is the only point where the support is really required.

The Natural Abdominal Supporter.— This instrument, well shown in the accompanying cuts, has been devised for the purpose of supporting the contents of the abdomen in a natural way, when prolapsed, by a means as nearly natural as possible. Patients have often said to the writer, “When I am on my feet, I feel that I must hold myself up with my hands,” at the same moment placing the hands across the lower abdomen and making pressure upward. Taking a hint from this, we have prepared the supporter which is herewith shown, and which consists of two hard rubber pieces connected by an elastic webbing, which rest against the lower abdomen, being carefully shaped so as to make a uniform pressure, and second, a set of steel springs attached to a back piece and so adjusted as to make pressure upon the hard rubber plates simultaneously backward and upward. The action of the supporter is almost a perfect imitation of the hands in lifting the prolapsed abdominal contents. After trying every form of supporter offered in the market, we have found “The Natural Abdominal Supporter” more satisfactory than any other, and have employed it in a very



GLOSSARY.




- Abnormal*, unnatural, unhealthy.
- Absinthe*, a narcotic and intoxicating drink. Made from wormwood, and much used in France.
- Accoucher*, obstetrician.
- Amanitine*, the poisonous principle of a certain kind of fungi.
- Amnion*, the membrane surrounding the fœtus before birth.
- Anæmic*, a condition characterized by poor and deficient blood.
- Anæsthesia*, absence of natural sensibility.
- Aneurism*, a disease of a blood-vessel, characterized by dilatation.
- Anodyne*, a remedy used for the relief of pain.
- Ante-natal*, before birth.
- Aorta*, the great artery of the body.
- Atrophy*, wasting, diminution in size.
- Auricle*, one of the upper cavities of the heart.
- Axilla*, the armpit.
- Caseine*, the coagulable part of milk.
- Catamenial*, pertaining to the menstrual flow.
- Cellulose*, the material composing the walls of vegetable cells.
- Chorion*, transparent membrane surrounding the fœtus.
- Cilia*, delicate hairs.
- Coccyx*, a number of small bones forming the end of the spinal column.
- Cuticle*, the skin.
- Cutaneous*, pertaining to the skin.
- Decoction*, an extract prepared by boiling vegetable substances in water.
- Defecation*, the act of voiding excrement from the body.
- Depilatories*, substances having the power to remove hair and make bald or bare.
- Diaphragm*, the muscle separating the thorax from the abdomen.
- Diagnosis*, the determination of disease.
- Enemata*, plural of enema.
- Eliminative*, a remedy having the power to expel or throw off, or cause to disappear from the body.
- Emollient*, an external application to allay irritation, swelling, etc.
- Emulsion*, a soft, liquid substance

EXPLANATION OF PLATES.



PLATE I.—Low Forms of Life. **Fig. 1.** The Protococcus, a form of microscopic vegetable life. a. The usual form; b. A stage in which long filaments are formed, by means of which it moves about in the water like an animal.

Fig. 2. The Amœba, one of the most lowly forms of animal life. a. The common pond amœba; b. The human amœba, or white blood-corpuscle; c. Shows four white blood-corpuscles among a large number of red ones; d. An amœba taking food; e. An amœba putting out a foot in the act of locomotion.

Fig. 3. a to c, union of two of the forms shown in Fig. 1, prior to multiplication; d to g, multiplication by division; h to j, reproduction of amœbæ.

PLATE II.—The Pelvis. **Fig. 1.** Human male pelvis. **Fig. 2.** Human female pelvis. **Fig. 3.** Canal of female pelvis. **Fig. 4.** Pelvis of Guinea pig. **Fig. 5.** Pelvis of Guinea pig showing expansion to facilitate parturition.

PLATE III.—**Fig. 1.** Shows a flower with its sexual apparatus and special provision for fertilization by insects. **Figs. 2 to 5.** The Pollen or fertilizing element of different species of plants. **Fig. 6.** Pollen case bursting and discharging its contents. **Fig. 9.** a. anthers, laden with pollen, closely applied to the ends of b, the pistils in the act of fertilization; c. the ovules, which develop, after fertilization, into seeds.

PLATE IV.—**Fig. 1.** The Ovum after fecundation, showing spermatozoon within its envelope. **Figs. 2 to 6** illustrate the segmentation of the ovum. **Fig. 7.** A, Spermatozoon of frog; B, Spermatozoon of triton; C, Spermatozoon of finch; D, Spermatozoon of field mouse; E, Spermatozoon of hedgehog; F, Spermatozoon of sheep; G, Human Spermatozoa. **Fig. 8.** A, Ovum from fœtus; B, Immature ovum of pigeon; C, Immature ovum of rabbit; D, Ovum of parasitic worm.

PLATE V.—**Fig. 1.** W, Womb, partly covered by the peritoneal membrane; N, Neck of womb; F, F, Fallopian tubes; V, V, Vagina, slit open so as to show interior; O, O, Ovaries. **Fig. 2.** Double uterines—a very rare condition. **Fig. 3.** A diagram showing the interior of the womb; C, cavity of the body of the womb; I, Internal os; E, External os.

PLATE VI.—**Figs. 1-5.** Illustrate the development of the ovum from the moment of conception until the after-birth is formed.

PLATE VII.—**Fig. 1.** The Siamese Twins, showing the relation of the internal organs of the two brothers, and the structure of the connecting band. **Fig. 2.** The Primitive Trace. **Figs. 3 to 5** illustrate peculiarities of the primitive trace which give rise to double-headed and four-legged monsters.

PLATE VIII.—**Fig. 1.** The Breast, showing at the lower portion the lobules of the gland with the milk ducts. **Fig. 2.** The areola of pregnancy.

PLATE IX.—**Fig. 1.** Shows natural position of the child in the womb. **Fig. 2.** The sexual apparatus of the Tape-worm. **Fig. 3.** An ovary divided so as to show the ova in various stages of development; a, a, the corpus luteum of pregnancy. **Fig. 4.** Ovary discharging ovum.

PLATE X.—A Grecian Model of the female form as illustrated by the celebrated statue, Venus of Milo. B, Parisian belle. C, View of internal organs of a woman addicted to tight-lacing, showing deformity and displacement of stomach and liver; D and E, Livers deformed by tight-lacing.

PLATE XI.—Light Gymnastics. Illustrates some of the simpler forms of free-hand, trunk, dumb-bell, Indian-club, and wand exercises.

PLATE XII.—Postural Treatment for prolapsus and retroversion.

PLATE XIII.—**Fig. 1.** Shows the womb in a state of partial prolapsus. **Fig. 2.** Shows the womb prolapsed so as to appear externally, having dragged down with it the posterior wall of the vagina.

PLATE XIV.—**Fig. 1.** Anteversion of the womb with partial flexion, showing bladder compressed. **Fig. 2.** Anteflexion of the womb.

PLATE XV.—**Fig. 1.** Retroversion of the womb. **Fig. 2.** Retroflexion of the womb.

PLATE XVI.—**Fig. 1.** Partial laceration or rupture of the perineum resulting in rectocele, **C**; Cystocele, **B**; and anteversion of the womb, **A**. **Fig. 2.** Complete rupture of the perineum, with retroversion of the womb.

PLATE XVII.—**Fig. 1.** Side profile of a German peasant woman, twenty-nine years of age. Until twenty years of age she was accustomed to carry heavy weights upon her head, often carrying a weight of ninety pounds upon the head two or three miles without stopping to rest. Never had trained in gymnastics. It is a perfectly natural figure, and doubtless represents very nearly the ideal female form. **Fig. 2.** Side profile of a woman of the same age, who through neglect of muscular exercise, and by corset wearing and the wearing of tight hands and heavy skirts, had acquired the weak and deformed figure shown.

PLATE XVIII.—**Fig. 1.** Outline of a well-developed man. **Fig. 2.** Outline of a well-developed woman of twenty-six years, whose figure had once been deformed by a corset, but had been restored to symmetry by physical exercise. **Fig. 3.** A bronze Venus. **Fig. 4.** Outline obtained by the author from a young Italian peasant woman, an artist's model in Paris.

PLATE XIX.—**Fig. 1.** A natural figure, showing the stomach, liver, and other organs of the abdomen in normal position. This figure is copied from a drawing by the celebrated German anatomist, Ziemssen. **Fig. 2.** A figure which has been deformed by tight lacing; the stomach, liver, kidneys, bowels, and other organs of the abdomen are crowded several inches out of position. This is not an imaginary sketch, but represents exactly the condition of a young woman who claimed she had never laced tightly, but had worn the ordinary conventional dress.

PLATE XX.—**Fig. 1.** Outline of a woman of forty-two years, who, when a young woman, had compressed the waist for the purpose of getting rid of an enlarged spleen, which was finally crowded down below the waist-line, and, finding itself out loose from its moorings, wandered about in all parts of the abdominal cavity. When first examined, the spleen—four or five times its normal size—lay between the uterus and the bladder, and was mistaken for a fibroid tumor. I discovered my error the next day, when I found the spleen lying several inches distant from its position of the day before. **Fig. 2.** Is a front-view outline of the same patient. The solid lines *S* and *L* indicate the position in which the stomach and liver are found.

PLATE XXI.—**Fig. 1.** The outline of a young woman who supposed she had always dressed healthfully, having worn a health corset and suspended her clothing from her shoulders. The so-called health corset was tight and rigid with stays, and the skirt bands were also tight and the skirts heavy. In consequence the bowels and stomach were prolapsed, the lower border of the stomach reaching three inches below the umbilicus. **Fig. 2.** The solid lines within the figure indicate the position of the stomach, liver, and right kidney. The dotted lines indicate the lower borders of these organs when in normal position. The young woman was in most wretched health. She had suffered for many years from nervous dyspepsia, and also from pelvis congestion and displacement of the uterus and ovaries.

Fig. 3. Outline of a young woman whose figure had not been spoiled by tight lacing or tight skirt-bands. The dotted lines show the change in her figure occasioned by normal respiration. **Fig. 4.** Shows the result of corset-wearing, tight skirt-bands, and heavy skirts. The dotted lines indicate the change in the figure produced by the artificial mode of respiration commonly termed clavicular respiration, the so-called "female type" of respiration induced by constriction of the waist.

PLATE A.—**Fig. 1.** F, Fundus, or body, of womb; Cu, Cavity of uterus or womb; Cr, Cervix, or neck of womb; Cu, Canal of cervix; S, Sacrum; V V, Vagina; R, Rectum; P, Perinaeum; A, Anus; M V, Mons veneris; S, Symphysis pubis; B, Bladder; Cl, Clitoris; U, Urethra; N, Nymphae, or labia minora; L, Labia majora. **Fig. 2.** Vascular tumor of the urethra. **Fig. 3.** Inflammation of urethral glands.

PLATE B.—A, Erosion, or so-called ulceration of the neck of the womb; B, C, D, E, F, different forms of laceration or rupture of the womb; D, A case of rupture somewhat resembling cancer; F, Slight rupture with cystic degeneration.

PLATE C.—A, Rupture of the neck of the womb on one side only; B, Appearance of os in health; C, Cancer of the neck of the womb; D, Polypus tumor of the womb.

PLATE D.—A, shows the appearance of the breast at the beginning of cancer, a, indicating the retracted condition of the nipple; B, Cancer of the breast in an advanced stage.

PLATE E.—**Figs. 1 and 3.** Embryos of Dog. **Figs. 2 and 4.** Human Embryos at corresponding periods of development.

PLATE F.—**Figs. 1. and 4.** Incorrect positions in sitting; **Fig. 2.** Correct position in sitting. **Figs. 3 and 5.** Incorrect positions in lying.

PLATE G.—**Figs. 1 and 3.** Natural female form. **Figs. 2. and 4.** Female figure deformed by tight-lacing.

PLATE H.—Different modes of deforming the body practiced by various nations.

PLATE J.—Greek and Hawaiian styles of dress. Foot of Chinese lady deformed by bandaging, and slipper worn by aristocratic Chinese ladies.

PLATE K.—Four outline figures, showing the relations of healthful and unhealthful dress to deformities of the figure. **Fig. 1.** Copied from a fashion plate. **Fig. 2.** A healthfully dressed woman. **Fig. 3.** An unnatural woman attempting to conceal defects. **Fig. 4.** A natural woman whose figure requires no appendages.

PLATE L.—Illustrates the methods of employing "expression" and "turning," the proper use of which greatly lessens the pains of childbirth.

PLATE M.—Various exercises for the treatment of uterine displacements.

PLATE N.—**Fig. 1.** The uterus, U, in normal position, showing the left round ligament at R. **Fig. 2.** The uterus, U, retroverted, showing left round ligament stretched and tense.

PLATE O.—**Fig. 1.** Pneumographic tracings of natural and unnatural breathing.

FIGS. 1, 2, 3.—Tarnier's Obstetric Cloth.

FIGS. 4, 5, 6.—Natural Abdominal Supporter.

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BY J. H. KELLOGG, M. D.,

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